

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, Ph.D**  
Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

**TO: Family Child Care Home Operator**

**SUBJECT: Renewal of Family Child Care Home license**

Pursuant to Chapter 2010-249, Laws of Florida, you require a valid license to operate a Family Child Care Home.

Enclosed is a blank renewal application form. Please read carefully and complete all required documents. Make any necessary corrections by drawing a single line through the incorrect information and writing in the new information. Do not use an eraser or correction fluid on the form.

**Submit Renewal Application with Supporting Documents**

- Electronically:
  - E-mail: [Childcarelicensing@flhealth.gov](mailto:Childcarelicensing@flhealth.gov)
  - fax: (561) 837-5084 Attn: Licensing

\*Please note that the signature cannot be electronically generated “e-sign” but must be an actual handwritten signature. (We suggest printing the application to sign)
- Mail/Hand Deliver to:  
FDOH Child Care 4th Floor  
Attention: Licensing  
800 Clematis Street  
West Palm Beach, FL 33041

**Pay Renewal Invoice**

- Online: <https://www.myfloridaehpermit.com>
  - An extra fee may apply through this service.
  - The system will then mark the license as “Pending”
  - Child Care licenses cannot be printed through this portal and will continue to be issued by our Licensing team when all renewal requirements have been fulfilled.
- Via Telephone: 561-837-5903
- Check: Florida Department of Health Palm Beach County

If you have any question, please submit any questions to [ChildCarelicensing@flhealth.gov](mailto:ChildCarelicensing@flhealth.gov) or call 561-837-8942

Renewals must be received no later than 45 days prior to license expiration.

**RENEWAL PACKET**

For your convenience, a checklist is provided. Review carefully. Complete and submit documentation as instructed. Red ♦ highlight areas requiring signature. Green ◆ highlight areas where ONLY one line must be signed.

**FEES:**

The invoice for the license fee is attached. You must pay this fee before a license can be issued. The annual license fee is now \$80 for family child care homes.

**FACILITY RECORDS**

Please **keep a copy** of all documents submitted for your license renewal. You are required to maintain complete personnel and operational records at your family child care home.

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# FCCH/LFCCH RENEWAL APPLICATION CHECKLIST

✓	<b>Application Documents</b>
	<b>Completed and notarized application form.</b> You must complete ALL applicable sections.
	<b>Completed application supplement form.</b>
	<b>Release of Information/Confirmation of Statutory Confidential status</b>
	<b>Proof of registration of <a href="#">corporation or fictitious name</a>.</b>
	<b>Completed Transportation Survey-</b> If transportation is <b>not</b> provided please check the corresponding box, sign and date.
	<b><a href="#">Vehicle Inspection</a></b> (if transporting children) conducted by ASE Certified mechanic.
	<b>Child Care Facility/Current Personnel List Affidavit</b> (needs to be notarized.)
	<b>Personnel Demographic Form.</b> This form must be submitted to the Department of Health. <i>(One copy of the form is enclosed: Make copies as needed).</i> Please provide the <b>full social security number</b> as this is required to verify background screening.
	<b>LARGE FAMILY CHILD CARE HOMES ONLY:</b> Satisfactory Fire Inspection

✓	<b>Owner/Operator Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	<b>Completed <a href="#">Central Abuse Hotline Record Search</a> form for operator, employee, and substitute if not a household member.</b> <i>(Make copies as needed).</i>
	<b>Completed <a href="#">Abuse &amp; Neglect Mandated Reporter Form</a></b> for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	<b>LARGE FAMILY CHILD CARE HOME ONLY:</b> DCF Transcript with Staff Credential

✓	<b>Substitute/Employee Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	<b>Completed <a href="#">Central Abuse Hotline Record Search</a> form for operator, employee, and substitute if not a household member.</b> <i>(Make copies as needed).</i>
	<b>Completed <a href="#">Abuse &amp; Neglect Mandated Reporter Form</a></b> for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	<b>Statement attesting to the number of hours that the substitute works in the family day care</b> (needs to be notarized.)

✓	<b>Household Members +18 years old Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)

✓	<b>Juvenile Household Members 12-17 years old</b>
	<b><u>FOR JUVENILES ONLY.</u></b> New process for <a href="#">FDLE Criminal History Check</a> for Children 12-17 years of age must be done online through Google Chrome using the link below. See attached instructions.
	<b><u>FOR JUVENILES ONLY.</u></b> <b>Release of Information Form (Juveniles only)</b> , along with \$3.00 payable to Palm Beach <b>Sheriff's Office (PBSO) for each form.</b> These forms must be submitted to the Department of Health with the check attached. A separate form is required for each juvenile household member turning 12 years of age or older. <i>(One copy of the form is enclosed: Make copies as needed).</i>

PALM BEACH COUNTY CHILD CARE FACILITIES BOARD

Florida Department of Health in Palm Beach County
Palm Beach County Child Care Licensing Program
800 Clematis Street, West Palm Beach, FL 33401

APPLICATION FOR LICENSE TO OPERATE A FAMILY CHILD CARE HOME

Do you enroll special needs children? [ ] Yes [ ] No
Do you provide transportation? [ ] Yes [ ] No

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY
Offender Search Completed
Date: \_\_\_\_\_
By: \_\_\_\_\_
Result: Exact address match?
Yes or No

I. FAMILY CHILD CARE HOME (FCCH) INFORMATION

Name of FCCH: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Location Address: \_\_\_\_\_

Permit #: \_\_\_\_\_ Email Address: \_\_\_\_\_

II. OWNER OF FAMILY CHILD CARE HOME (Give full legal name)

Name of Operator: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

III. NAME OF HOUSEHOLD AND FAMILY MEMBERS RESIDING IN FAMILY CHILD CARE HOME

1. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

6. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

7. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

IV. OWNER OF REAL PROPERTY:

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**V. SUBSTITUTE:** (one substitute required; additional substitutes may be listed)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip Code

**VI. SUBSTITUTE:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Phone \_\_\_\_\_

**ATTESTATION**

Has the owner, applicant, operator, employee, or substitute(s) ever had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of a disciplinary action, or had been fined while operating a child care facility or family day care home or while employed in a child care facility?

Yes  No *If Yes, please explain:* \_\_\_\_\_  
*Attach additional sheet(s) if necessary]*

**Under penalty of perjury I hereby attest that the information contained in this section is truthful and correct.** \_\_\_\_\_  
Operator's Signature

It is agreed that the undersigned has received a copy of Chapter 2010-249, Laws of Florida, as amended; Chapter 65C-20, Florida Administrative Code and other applicable regulations adopted by reference therein, and will adhere to the provisions of these Laws. It is agreed that the licensing agency has the right to require fingerprinting, obtain criminal record checks for owner, operator and other large family child care home personnel, and to conduct other screening procedures authorized by law. I understand my status as a family day care caregiver is contingent upon the determination that I am of good moral character as required by Section 402.305(2), Florida Statutes, as amended or replaced. Knowing and understanding the above requirements, I hereby attest to the fact that I am of good moral character. It is further agreed that any change in any of the above information requires the submittal of a new application for permit and issuance of a new permit.

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

Before me this day personally appeared \_\_\_\_\_ who, being first duly sworn, deposes and says that the above is correct to the best of his/her knowledge.

\_\_\_\_\_  
Signature of **Owner** of Family Child Care Home

Sworn to and subscribed before me this \_\_\_\_\_ day, month of \_\_\_\_\_ and year \_\_\_\_\_ A.D.

My commission expires: \_\_\_\_\_

**NOTARY PUBLIC**  
State of Florida at large

**Information in this box is to be completed by Child Care Licensing Staff Only**

FCCH Name:

FCCH Address:

Owner's Name:  
FCCH Phone #:

PBCHD Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# FAMILY CHILD CARE HOME APPLICATION – SUPPLEMENT

**Please read the following information, complete and sign as necessary:**

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employees and children's health records in your possession.

Pursuant to Chapter 386, Florida Statutes, while children are in care, smoking is prohibited within the family child care home and all outdoor play areas. Your signature on this application indicates your understanding and compliance with this law.

\_\_\_\_\_  
Operator's Signature

\_\_\_\_\_  
Date Signed

**Please check all that apply:** (note that you must have pre-approval for night care & weekend care)

**Days and Hours of Operation – please check AM or PM as applicable:**

24 Hour Care

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Closing Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

**Months of Operation:**  School Year Only  12 Months  Other: \_\_\_\_\_

Number of Children in Care (including your own):	Number of Preschool (ages 0-5) Children:	Number of School-Age Children:
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**Check all service options that apply:**

Full Day <input type="checkbox"/>	Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input type="checkbox"/>	School Readiness <input type="checkbox"/>
After School <input type="checkbox"/>	Weekend <input type="checkbox"/>	Infant Care (0-1) <input type="checkbox"/>	Food Served <input type="checkbox"/>	Transportation <input type="checkbox"/>	VPK <input type="checkbox"/>

PERIOD OF TIME or SHIFT SCHEDULE	DESIGNATED CARE GIVER(S)

Reminders:

- Caregivers may not provide care for children for more than 16 hours continuously per day or per twenty-four hour period.
- Family Child Care Homes that operate more than 16 hours per day must have an employee in addition to the substitute requirements.
- Large Family Child Care Homes that operate more than 16 hours per day must have two employees in addition to employee and substitute requirements

Fill out Section 8(a) OR Section 8(b) as applicable.

**SECTION 8(a): Release of Information (Non-Confidential) Form. You must complete this section if you DO NOT meet the requirement of the public record exemption statutes.**

**Release of Information  
Family Day Care Home  
(Non-Confidential)**

The Department of Children and Families has developed the Statewide Child Care Licensing Information System. All child care arrangements licensed or registered by the Department are included on this website. Addresses of family child care homes will be optional; however, **all** telephone numbers will be included as a means of contact.

This website is a valuable tool and includes a "search screen" to assist parents looking for resources and child care arrangements in their community. In the absence of an address, your home will not be included on the list of available providers when information is requested through an "address search."

Each provider may request the address of the family day care home/large family child care home be included on the website by completing the following:

I attest that I am the operator of a registered or licensed family day care home/large family child care home and request the **address** of my home be included on the child care licensing website along with my telephone number.

Yes, include my address       No, do not include my address

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Home (please print)

**OR**

**SECTION 8(b): Confirmation of Statutory Confidential Status Form. Complete this section ONLY if you meet the requirements of the public record exemption statutes.**

**Confirmation of Statutory Confidential Status  
Family Day Care Home**

**Section 119.071, F.S., and other Florida Statutes require that names, dates of birth, addresses, telephone numbers, location of schools, and places of employment for specific types of personnel, their spouses and their families be kept confidential.** Examples of these types of employees are:

Law Enforcement officers	Investigators of Abuse and Neglect	Firefighters
Justices of the Court	Child Support Enforcement staff	State Attorneys
Foster parents	Employees involved in Revenue Collection	State Prosecutors
Investigators/Inspectors of DBPR	County/Municipal Code Enforcement officers	Public Defenders
Human Resources employees	Juvenile Justice employees	Guardians ad litem

\*\*\*\*\*  
**If you meet the statutory criteria for "Confidential Status," you must submit supporting documentation (for example, copy of business card or a letter/statement from employer).**

I attest that I am a current or former law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s. 119.071, F.S., or other Florida Statutes, and **do not** want my family day care home/large family child care home demographic information displayed on the child care licensing website.

I attest that I am a current or former law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s. 119.071, F.S., or other Florida Statutes. However, I **do want** my family day care home/large family child care home demographic information displayed on the child care licensing website.

Please include the following (check only one):

Telephone number only       Both the address and telephone number

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Home (please print)

Chapter 435, F.S., requires background screening of owners, operators, household members and substitutes.

\*Social security numbers are also used for identification purposes when performing the background screening required by s. 402.305, F.S.



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Florida Department of Health – Palm Beach
Child Care Licensing Program

Palm Beach County Rules and Regulations Governing Child Care Facilities and Palm Beach County Rules and Regulations Governing Family Child Care Homes and Large Family Child Care Homes, Adopted Pursuant to Chapter 2010-249, Laws of Florida

CHILD CARE FACILITY/CURRENT PERSONNEL LIST
AFFIDAVIT

I, \_\_\_\_\_ individually on behalf
(Operator/Director)
of \_\_\_\_\_ located at
(Name of Facility)
\_\_\_\_\_ do hereby
(Address)

affirm under penalty of perjury that all child care personnel, including the facility owner and operator and all employees and volunteers of the above-named facility who come in contact with children, or may be present at the facility while children are in care, are listed below, and that they have been screened and meet the Standards of Good Moral Character as specified in Chapter 402.305, Florida Statutes. Screening consists of the process of employment history checks, character references, criminal and abuse history checks through the Florida Care Provider Background Screening Clearinghouse, completion of an Affidavit of Good Moral Character, and other checks as may be prescribed by the Health Department. The facility must receive and maintain on file the results from the appropriate agencies to verify that all owners and other personnel are eligible to work with children in a child care setting. The completed Child Care Personnel Demographic Form is attached showing a complete list of facility personnel and their relevant demographic information.

Signature of Director/Operator

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission Expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by:

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**Palm Beach County Child Care Licensing  
Family Child Care Transportation Survey**

**Directions:** Please complete this form as part of the license renewal or application process. This will satisfy the requirement for notifying the Department about transportation services in accordance with Article XIV(A) of the Family Child Care Rules and Regulations.

Name of FCCH:

License #:

1. Transportation Provided:  Yes  No (*CHECK ONE*)

**2. Number and Types of Vehicles Owned or Leased**

Vehicle Type (Bus, Van, etc.)	Make	Year	Color	Tag Number	Type of Child Safety Alarm Installed

**3. Type of transportation services provided or planned. (Check all that apply.)**

Field trips ONLY 
 Use of Own Vehicles: \_\_\_\_\_ Use of Parents' Vehicles: \_\_\_\_\_  
 Use of Chartered Bus: \_\_\_\_\_

School to FCCH  FCCH to School

Child's Home to FCCH  FCCH to Child's Home

Bus Stop to FCCH  FCCH to Bus Stop

FCCH to Other Destination: (specify: \_\_\_\_\_)

Other Location (specify: \_\_\_\_\_) to FCCH.

Other (specify: \_\_\_\_\_).

**Completed By:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
NAME / SIGNATURE

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## CHILD CARE VEHICLE INSPECTION

Pursuant to the Palm Beach County Rules and Regulations Governing Child Care Facilities, Article XVII, Section A.6., all child care facilities must, on an annual basis, have all vehicles regularly used to transport children inspected by a mechanic to certify proper working order. The items listed below set forth minimum standards only and are additional and supplemental to any and all requirements found in Florida Statutes, Chapter 316 and the Rules promulgated thereunder.

Child Care/Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_  
 Chassis Make: \_\_\_\_\_ Year: \_\_\_\_\_  
 Body Make: \_\_\_\_\_ Year: \_\_\_\_\_  
 V.I.N. \_\_\_\_\_  
 Tag Number: \_\_\_\_\_ Expires: \_\_\_\_\_

P - Proper working order

N/A - Not applicable

	P	N/A		P	N/A
Headlights			Inside Rearview Mirror		
Parking Lights			Outside Rearview Mirror		
Tail Lights			Sideview Mirror		
Brake Lights			Crossover Mirror		
Directional Lights			Emergency Warning Devices		
Hazardous Warning Signals			Windshield		
Clearance Lamps			Windows		
Side Marker Lamps			Rub Rails		
Identification Lamps			Bumpers		
Reflectors			Pupil Warning Lamp System		
Brakes			Stop Arm		
Steering System			Drive Shaft Guards		
Suspension			Neutral Safety Switch		
Windshield Wipers			Tires		
Horns			Wheels		
Exhaust System			Seat Belts		
Fuel System			Interior Lights		
Engine			Electrical System		
Service Door			Tag Light		
Emergency Door			Child Safety Alarm System		
Emergency Exits			Air Conditioning		

The above items have been checked and found to be in proper working order.

Inspected By: \_\_\_\_\_ ASE Certificate # \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**FAMILY CHILD CARE PERSONNEL DEMOGRAPHIC FORM:**

FACILITY ID: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

Demographic Data	1.	2.	3.	4.	5.
Name (First and Last)					
Role in Home	Operator	Substitute	Substitute		
SSN (all 9 digits)					
Date of Birth					
Highest Educational Level					
Age Group					
Industry Start Date					
Date of Hire					
Attestation of Good Moral Character					
Retained Prints Exp. Date					
Screening Completion Date					
Abuse Neglect Reporting Form Date					
CAHRS (Operators/owners only)					
Screening Status					
DCF Student ID					
CPR Completed Date					
CPR Expiration Date					
First Aid Completed Date					
First Aid Expiration Date					
Annual In-service Completed					

**KEY:**

Role in Facility	Other Personnel- Background Screening Needed	Volunteer: <10 HM- Under Direct Supervision	Volunteer: < 40 HM	Volunteer: 40+ HM	Foster Grandparent	Other Personnel- Background Screening Not Needed	Child Care Personnel	School Readiness Personnel	Educational Level	High School/GED	No High School/GED	Masters or Higher	High School Student
<ul style="list-style-type: none"> <li>Corporate Designee</li> <li>Owner</li> <li>Director</li> <li>Household Member</li> <li>Driver</li> </ul>	<ul style="list-style-type: none"> <li>VPK Instructor</li> <li>Volunteer: 10 HM</li> <li>Volunteer: &lt; 10 HM</li> </ul>	<ul style="list-style-type: none"> <li>Substitute: &lt; 40 HM</li> <li>Substitute: 40+ HM</li> </ul>	<ul style="list-style-type: none"> <li>Other Personnel- Background Screening Not Needed</li> <li>Child Care Personnel</li> <li>School Readiness Personnel</li> </ul>	<ul style="list-style-type: none"> <li>Bachelors</li> <li>CDA</li> <li>CDAE</li> <li>Associates</li> <li>Child Care Credential</li> </ul>	<ul style="list-style-type: none"> <li>High School/GED</li> <li>No High School/GED</li> <li>Masters or Higher</li> <li>High School Student</li> </ul>								



**FAMILY CHILD CARE PERSONNEL DEMOGRAPHIC FORM:**

FACILITY ID: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

Demographic Data	6.	7.	8.	9.	10.
Name (First and Last)					
Role in Home					
SSN (all 9 digits)					
Date of Birth					
Highest Educational Level					
Age Group					
Industry Start Date					
Date of Hire					
Attestation of Good Moral Character					
Retained Prints Exp. Date					
Screening Completion Date					
Abuse Neglect Reporting Form Date					
CAHRS (Operators/owners only)					
Screening Status					
DCF Student ID					
CPR Completed Date					
CPR Expiration Date					
First Aid Completed Date					
First Aid Expiration Date					
Annual In-service Completed					

**KEY:**

Role in Facility				Educational Level	
<ul style="list-style-type: none"> <li>Corporate Designee</li> <li>Owner</li> <li>Director</li> <li>Household Member</li> <li>Driver</li> </ul>	<ul style="list-style-type: none"> <li>Other Personnel- Background Screening Needed</li> <li>VPK Instructor</li> <li>Volunteer: 10 HM</li> <li>Volunteer: &lt; 10 HM</li> </ul>	<ul style="list-style-type: none"> <li>Volunteer: &lt;10 HM- Under Direct Supervision</li> <li>Substitute: &lt; 40 HM</li> <li>Substitute: 40+ HM</li> <li>Foster Grandparent</li> </ul>	<ul style="list-style-type: none"> <li>Other Personnel- Background Screening Not Needed</li> <li>Child Care Personnel</li> <li>School Readiness Personnel</li> </ul>	<ul style="list-style-type: none"> <li>Bachelors</li> <li>CDA</li> <li>CDAE</li> <li>Associates</li> <li>Child Care Credential</li> </ul>	<ul style="list-style-type: none"> <li>High School/GED</li> <li>No High School/GED</li> <li>Masters or Higher</li> <li>High School Student</li> </ul>

✓	<b>Owner/Operator Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	<b>Completed <a href="#">Central Abuse Hotline Record Search</a> form for operator, employee, and substitute if not a household member.</b> <i>(Make copies as needed).</i>
	<b>Completed <a href="#">Abuse &amp; Neglect Mandated Reporter Form</a></b> for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	<b>LARGE FAMILY CHILD CARE HOME ONLY: DCF Transcript with Staff Credential</b>

Reminders:

1. Make sure to read the Affidavit of Good Moral Character carefully and sign only ONE line.
2. Central Abuse Hotline Record Search needs to be completed with full information for provider and spouse on the front and ALL household members on the back.
3. Don't forget to make copies of all documents for your records!



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Palm Beach

Before me this day personally appeared [redacted] who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with [redacted], I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children

**CONTINUED ON NEXT PAGE**

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar

statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_

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MYFLFAMILIES.COM

STATE OF FLORIDA

DEPARTMENT OF CHILDREN & FAMILIES

# Central Abuse Hotline Record Search

Local Licensing Agency :  
PBC Child Care Facilities Board -  
Palm Beach County Health Dept.

I/we, \_\_\_\_\_ and \_\_\_\_\_  
*(please print – first, middle, last name)* *(please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were "some indication" or "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: SSN: _____ DOB: _____ Race: _____ Sex: _____						
Spouse: SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s): _____						
Current Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						
Previous Address:	Address	City	County	State	Zip	Dates at Address
_____						

Reason for Record Search:  Adoption Applicant (Chapter 63)  DCF Employee (Chapter 39)  
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

**(NOTE: Searches of the Central Abuse Hotline may *not* be used for any employee except those working for DCF.)**  
Family child care, foster/shelter/group home or adoption applicants must list all household members on page two of this form. **Do not include any foster care children.**

<b>TO BE COMPLETED BY REQUESTING AGENCY</b>			
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Foster/Shelter/Small Group Home	<input type="checkbox"/> Adoption
<input type="checkbox"/> Child-Caring Agency	<input type="checkbox"/> Child-Placing Agency	<input type="checkbox"/> DD Foster/Small Group Home	
OCA and/or Facility ID: _____			
Facility/Agency Name: _____			Phone: _____
Address: _____			
Mailing Address		City	Zip Code
I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is <b>CONFIDENTIAL</b> and may be used only for the purpose for which it was obtained.			
Signature of Requesting Facility/Agency Representative		Date	



### Central Abuse Hotline Record Search

APPLICANTS FOR FAMILY DAY CARE, CHILDCARE FACILITIES PLEASE ENTER INFORMATION FOR ALL HOUSEHOLD MEMBERS **EXCEPT FOSTER CHILDREN.**

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN

**RESULTS** (Department or Agency Conducting Search Use **Only**)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or for licensing, any role in the reports within a five year period.
- Records found for review are listed below:

Report Number	Report Date	County

Date of Search: \_\_\_\_\_

Employee Conducting Search: \_\_\_\_\_ Signature \_\_\_\_\_ Phone: \_\_\_\_\_





## Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

**Categories include:**

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) and select "Training & Credentialing." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

\_\_\_\_\_  
Signature of Employee (for facility or large family child care home)

\_\_\_\_\_  
Signature of Operator

**This page was left blank intentionally.**

✓	<b>Substitute/Employee Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	<b>Completed <a href="#">Central Abuse Hotline Record Search</a> form for operator, employee, and substitute if not a household member.</b> <i>(Make copies as needed).</i>
	<b>Completed <a href="#">Abuse &amp; Neglect Mandated Reporter Form</a></b> for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	<b>Statement attesting to the number of hours that the substitute works in the family day care</b> (needs to be notarized.)

Reminders:

1. Make sure to read the Affidavit of Good Moral Character carefully and sign only ONE line.
2. Central Abuse Hotline Record Search needs to be completed with full information for provider and spouse on the front and ALL household members on the back.
3. Make copies for each substitute or employee.
4. If substitute/employee is also a Household Member, only the substitute documents are needed. It is not necessary to submit two copies.
5. Don't forget to make copies of all documents for your records!



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Palm Beach

Before me this day personally appeared [redacted] who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with [redacted], I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children

**CONTINUED ON NEXT PAGE**

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar

statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_

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# Central Abuse Hotline Record Search

Local Licensing Agency :  
PBC Child Care Facilities Board -  
Palm Beach County Health Dept.

STATE OF FLORIDA  
DEPARTMENT OF CHILDREN & FAMILIES

I/we, \_\_\_\_\_ and \_\_\_\_\_  
*(please print – first, middle, last name)* *(please print – spouse first, middle, last name, if applicable)*

as an applicant for adoption, an applicant for licensing/registration, or a DCF employee, authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, Florida Statutes in which my name appears and there were "some indication" or "verified indicators" of maltreatment of a child(ren). I understand I will be given the opportunity to discuss the findings of the report(s). I further understand that the central abuse hotline search is only one part of the preliminary report to the court for adoption, one of the requirements reviewed by an agency with the authority to license or approve homes for the care of develop-mentally disabled persons and children, including family child care homes and facilities, or for DCF employment. This consent is valid solely for the requesting agency/facility listed below on this form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: SSN: _____	DOB: _____	Race: _____	Sex: _____			
Spouse: SSN: _____	DOB: _____	Race: _____	Sex: _____	Prior Name(s): _____		
Current Address:	Address	City	County	State	Zip	Dates at Address
Previous Address:	Address	City	County	State	Zip	Dates at Address
Previous Address:	Address	City	County	State	Zip	Dates at Address

Reason for Record Search:  Adoption Applicant (Chapter 63)  DCF Employee (Chapter 39)  
 Licensing/Registration Applicant (Chapters 39, 415, 402 or 409)

(NOTE: Searches of the Central Abuse Hotline may **not** be used for any employee except those working for DCF.)  
Family child care, foster/shelter/group home or adoption applicants must list all household members on page two of this form. **Do not include any foster care children.**

**TO BE COMPLETED BY REQUESTING AGENCY**

Child Care Center  Family Child Care Home  Foster/Shelter/Small Group Home  Adoption  
 Child-Caring Agency  Child-Placing Agency  DD Foster/Small Group Home

OCA and/or Facility ID: \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City Zip Code

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

\_\_\_\_\_  
Signature of Requesting Facility/Agency Representative Date





## Central Abuse Hotline Record Search

APPLICANTS FOR FAMILY DAY CARE, CHILDCARE FACILITIES PLEASE ENTER INFORMATION FOR ALL HOUSEHOLD MEMBERS **EXCEPT FOSTER CHILDREN.**

Last Name	First Name	Middle Initial	DOB	Race	Sex	SSN

**RESULTS** (Department or Agency Conducting Search Use *Only*)

- No records found with verified findings where the applicant was the caretaker responsible in the final role or for licensing, any role in the reports within a five year period.
- Records found for review are listed below:

Report Number	Report Date	County

Date of Search: \_\_\_\_\_

Employee Conducting Search: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature



## Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

**Categories include:**

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) and select "Training & Credentialing." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

\_\_\_\_\_  
Signature of Employee (for facility or large family child care home)

\_\_\_\_\_  
Signature of Operator

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**STATEMENT ATTESTING TO THE NUMBER OF HOURS THAT THE SUBSTITUTE WORKS IN THE FAMILY CHILD CARE HOME**

State of Florida

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn deposes and says: I am an applicant for a license to operate a family child care home in Palm Beach County.

I hereby swear that my substitute, \_\_\_\_\_, will work less than 40 hours a month **on average during a 12 month period** and shall complete the Department of Children and Family Services' 6-clock hour Family Child Care Home Rules and Regulations course and pass the competency examination and complete infant and child cardiopulmonary resuscitation and first aid training prior to taking care of children. Furthermore, should she/he increase her/his hours to more than 40 hours a month she/he shall complete the department's 30-clock-hour Family Child Care Training course prior to taking care of children.

I hereby swear that my substitute, \_\_\_\_\_, will work more than 40 hours a month **on average during a 12 month period** and shall complete the Department of Children and Family Services' 30-clock-hour Family Child Care Training courses and pass the competency examinations and complete infant and child cardiopulmonary resuscitation and first aid training prior to taking care of children.

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Signature of Notary  
NOTARY PUBLIC STATE OF FLORIDA

My commission expires \_\_\_\_\_.

My signature, as a Notary Public, verifies the affiant's identification has been validated by:

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✓	<b>Household Members +18 years old Documents</b>
	<b>Copy of Background Screening Eligibility from <a href="#">DCF Clearinghouse</a></b>
	<b>Completed <a href="#">Affidavit of Good Moral Character</a></b> completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)

Reminders:

1. Make sure to read the Affidavit of Good Moral Character carefully and sign only ONE line.
2. Make copies for each household member
3. If substitute/employee is also a Household Member, only the substitute documents are needed. It is not necessary to submit two copies.
4. Don't forget to make copies of all documents for your records!



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children

**CONTINUED ON NEXT PAGE**

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar



statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_

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✓	<b>Juvenile Household Members 12-17 years old</b>
	<b>FOR JUVENILES ONLY.</b> New process for <a href="#">FDLE Criminal History Check</a> for Children 12-17 years of age must be done online through Google Chrome using the link below. See attached instructions.
	<b>FOR JUVENILES ONLY. Release of Information Form (Juveniles only),</b> along with \$3.00 payable to Palm Beach <b>Sheriff's Office (PBSO) for each form.</b> These forms must be submitted to the Department of Health with the check attached. A separate form is required for each juvenile household member turning 12 years of age or older. <i>(One copy of the form is enclosed: Make copies as needed).</i>

Reminders:

1. Juvenile clearances take up to 3 weeks to be processed, please plan accordingly.
2. Don't forget to make copies of all documents for your records!



**Florida Department of Health – Palm Beach  
Child Care Licensing Program**

Palm Beach County Rules and Regulations Governing Child Care Facilities and Palm Beach County Rules and Regulations Governing Family Child Care Homes and Large Family Child Care Homes, Adopted Pursuant to Chapter 2010-249, Laws of Florida

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Palm Beach County Rules and Regulations Governing Child Care Facilities.

**Full Name of Child Care Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM**

Full Name \_\_\_\_\_  
First Middle (Maiden Name) Last

Other names applicant has used (include maiden names and nicknames)

\_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

**Note: Palm Beach County  
Sheriff's Office --**

*Please return this form to:*

**Florida Department of Health Palm Beach County  
Environmental Public Health  
Child Care Licensing  
PO Box 29  
800 Clematis Street, 4h Floor  
West Palm Beach, FL 33402-0029**

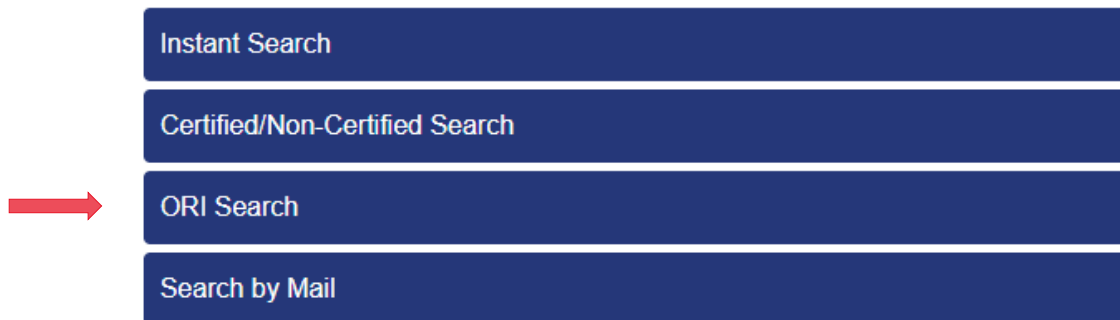
Chapter 435, F.S., requires background screening of owners, operators, directors and personnel.

**FOR JUVENILES ONLY: New process for FDLE Criminal History Check for Children 12-17 years of age (Must be done through Google Chrome)**

1. Go to Florida Department of Law Enforcement using the following website:

<http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks>

2. Scroll down, click on ORI Search



3. Scroll down, click on ORI Based Florida Criminal History Search

ORI Search

Customers must provide a valid ORI in order conduct a search.

The cost of each search varies depending upon state statute, state agency, or authorized entity.

Results are sent directly to the recipient authorized by the ORI.

NOTE: FDLE cannot provide you the ORI number to conduct your search. If you need to conduct a criminal history record check using an established ORI number, you must contact that agency or entity to obtain a valid ORI number.

- [ORI Based Florida Criminal History Search](#)

4. Put in the ORI Number –**FL721911Z** - Click Search

**SHIELD**  
State of Florida Criminal History Record Checks,  
Reviewed and Provided by FDLE

Please enter the ORI for the agency you are performing a search for.

ORI:

For questions or technical assistance,  
Please contact FDLE's Criminal History Services Section.  
(850) 410-8161  
Office Hours: Monday-Friday 8:00 AM-5:00 PM (excluding holidays)  
[SHIELDChecks@fdle.state.fl.us](mailto:SHIELDChecks@fdle.state.fl.us)

5. Click on Continue

**SHIELD**  
State of Florida Criminal History Record Checks,  
Reviewed and Provided by FDLE

Please enter the ORI for the agency you are performing a search for.

ORI:

Continue search that mails results to FL721911Z - DCF - JUVENILE CHECKS?  ←

For questions or technical assistance,  
Please contact FDLE's Criminal History Services Section.  
(850) 410-8161  
Office Hours: Monday-Friday 8:00 AM-5:00 PM (excluding holidays)  
[SHIELDChecks@fdle.state.fl.us](mailto:SHIELDChecks@fdle.state.fl.us)

6. Enter requested information - ONLY FILL IN AREAS WITH A red star\*

**SHIELD - Search Subject Entry**

Name*: <input type="text" value="DOE, JANE"/> Last, First Middle Suffix	DOB*: <input type="text" value="20030306"/> YYYYMMDD	SSN: <input type="text"/>	Sex*: <input type="text" value="F"/>
Alias 1: <input type="text"/> Last, First Middle Suffix	Alias 2: <input type="text"/> Last, First Middle Suffix	<input type="button" value="More Aliases"/>	Race*: <input type="text" value="W (White/Caucasian)"/>
Subject's Address: <input type="text"/> (Street or PO Box)	<input type="text"/> (Apt., Bldg., Suite, etc.)	City, State: <input type="text"/>	
User Control Numbers 1/2: <input type="text"/> / <input type="text"/>	Org ORI: <b>FL721911Z</b>	<input type="button" value="Add"/>	<input type="button" value="Clear"/>

Enter information and click "Add" to proceed. Hover over text fields for entry rules. \* indicates required field.