

NEW Family Child Care Substitute/Employee PACKET

✓	Family Child Care Home Substitute/Employee Documents
	Copy of Background Screening Eligibility from DCF Clearinghouse
	Completed Affidavit of Good Moral Character 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.)
	Completed Central Abuse Hotline Record Search form for operator, employee, and substitute if not a household member. <i>(Make copies as needed).</i>
	Completed Abuse & Neglect Mandated Reporter Form for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	Statement attesting to the number of hours that the substitute works in the family day care (needs to be notarized.)
	5 Year Employment History Form
	Three (3) letters of character reference
	Medical certification with TB Risk Assessment within preceding 6 months. (Physical with TB Risk Assessment)
	DCF Training Transcript with required hours Family Child Care Home training + Early Literacy and Language Development (see reminders)
	First Aid Certification
	Infant and Child CPR Certification
	Child Care Water Safety Course (if swimming pool or spa on the premises)

Reminders:

1. DCF Training requirements:
 - Substitutes who work 40 hours or more per month AND **Employees**
 - 5 hour Early Literacy and Language Development
 - 30 hour Family Child Care Home training
 - Substitutes who work less than 40 hours per month
 - 5 hour Early Literacy and Language Development
 - 6 hour Family Child Care Rules and Regulations
 - OR
 - 3 hour Fundamentals of Child Care training
 - OR
 - 30 hour Family Child Care Home training
2. Physicals must be less than 6 months old for new household members. Then, physicals expire every 2 years.
3. Reference letters
 - Should be original, signed, and dated.
 - Must include full name, phone number, and complete address of referencer
 - At least two (2) references must NOT be relatives.
4. Make sure to read the Affidavit of Good Moral Character carefully and sign only ONE line.
5. 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.
6. 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 _____ 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

This page was left blank intentionally.



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 developmentally 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



MYFLFAMILIES.COM STATE OF FLORIDA
DEPARTMENT OF CHILDREN & FAMILIES

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 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.

**Palm Beach County Health Department
Child Care Licensing Program**

Attachment G

Child Care Personnel Employment History Check

Facility Name: _____

Address: _____

Applicant's Name: _____ Position Applied For: _____ Date: _____

It is a requirement for all child care personnel to have employment history checks completed as a part of the screening process. Complete Parts A and B below, and attach three (3) letters of reference.

A copy of this completed form for each employee (including substitutes) must be kept on file at the facility.

A. EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS (or more).

Employer's Name	Full Address	Position Held & Description of Duties	Begin & End Dates	Supervisor's Name	Phone Number

Attach additional sheet(s) if necessary.

B. CHARACTER REFERENCES (Three (3) letters of reference are required, and at least two of the letters must be from non-relatives. List the name, address, and phone number(s) of each person who wrote an attached letter of reference.

Name (Full 1 st and last names)	Address (include Street Address, City, and Zip Code)	Phone Number

**Palm Beach County Health Department
Child Care Licensing Program
Child Care Personnel Employment History Check**

FOR USE BY EMPLOYER OR CHILD CARE LICENSING STAFF ONLY.

Child care facility owners and Family Child Care Home Operators are responsible for conducting employment history checks for all EMPLOYEES and SUBSTITUTES as part of the background screening process. **These checks involve confirming job titles, duties, employment dates, and levels of job performance.** Failed attempts to obtain this information must be documented, including dates, times, and the reason(s) the information could not be obtained. In addition, the Palm Beach County Health Department will check employment history for child care facility OWNERS AND DIRECTORS. A copy of this completed form must be kept on file at the facility for all child care employees.

RESULTS OF EMPLOYMENT HISTORY CHECKS

Employer's Name	Phone Number Called	Date	Work History Confirmed (YES or NO) If "NO" explain	Ask: How would you rate the employee's job performance?	Would Employer rehire? (Yes or No)	Check Completed By

CHARACTER REFERENCES VERIFIED

Name of Reference	Date Contacted	Verified (YES or NO)	Verified By



**HEALTH EXAMINATION
FOR CHILD CARE FACILITY PERSONNEL**

Facility's Name

On _____ I have examined _____
Date *Name*

and found him or her physically qualified to care for children.

TB RISK ASSESSMENT COMPLETED Yes No

<i>Signature/Title of Health Care Provider</i>	<i>Date</i>	<i>Address (Please print or stamp)</i>
	_ / _ / _	
<i>Name (Please print or stamp)</i>		

Tuberculosis Targeted Testing Guidelines

Tuberculosis Infection Risk:

Review the following risks and administer a Tb Skin Test if this person is in one or more of the following categories.

- Recent immigrant (< 5 years) or Frequent visitor to TB endemic area
- Close contact to active TB case
- Frequent contact with others at high risk for the disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+, or has other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications.

Active TB Disease Risk:

- Does the person exhibit signs/symptoms of Tuberculosis (e.g. cough for three (3) weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

NOTE: This form must be completed fully and signed and dated.

PLEASE RETURN ONLY THIS PAGE TO CLIENT.



CONFIDENTIAL INFORMATION

Physician: Please keep this page for client's medical records

Patient's Name _____

Date: _____

TB RISK ASSESSMENT

The following questions are to be answered by patients with coughing symptoms:

1. How long have you been coughing? Number of weeks _____

answer)

(Check the appropriate

2. Have you been coughing up blood? Yes No

3. Have you had unexplained weight loss or decrease in appetite during the past two (2) months? Yes No

4. Do you experience night sweats? Yes No

5. Have you had persistent low-grade fever? Yes No

6. Have you lived or worked with anyone with any of these symptoms? Yes No

7. Have you ever had a positive skin test for TB?
If yes, when _____ Yes No

8. Have you lived or worked with anyone who was sick with TB within the last two (2) years? Yes No

9. Have you ever been treated for active TB in the past?
If yes, when _____ Yes No

10. Do you have any condition that may weaken your immune system (i.e. cancer, HIV, rheumatoid arthritis, emphysema, diabetes, alcoholism, silicosis)? Yes No

11. Do you take cortisone? Yes No

12. Have you had stomach surgery? Yes No

Signature of Interviewer

Date

EHE-DC-022

Obsoletes previous versions