CHANGE OF DIRECTOR PACKET

Palm Beach County Health Dept, Child Care Division
561-837-5984
ChildcareLicensing@flhealth.gov

Notarized Letter from Owner or Designated Representative authorizing change	
Completed Application: Minus Sign offs from Building ,Zoning and Fire Dept.	
DCF Background Screening Clearinghouse Results	
Affidavit of Good Moral Character	
Child Abuse and Neglect Reporting	
Central Abuse Hotline Record Search: fill out both pages entirely *Must Reflect 5-year address history*	
Current Personnel List Affidavit	
Photo ID Front and Back	
OCA Request Form: If Making Change from authorized person on clearinghouse	
DCF Training Transcript along with **School Readiness Training if applicable* **Water Safety Training if applicable*	
Employment History Check	
Adult/Child/Infant CPR/First Aid: *CPR/First Aid must be hands on skills based *No online training will be accepted*	
Fire Extinguisher Training Certificate	
Rilya Wilson Act	

All Documents must be submitted in PDF Format

PALM BEACH COUNTY CHILD CARE FACILITIES BOARD
FLORIDA DEPARTMENT OF HEALTH - PALM BEACH COUNTY 800 Clematis Street, West Palm Beach, FL 33401

FOR OFFICE USE ONLY
Offender Search
Date:_____
By:_____
Result: Exact match
Yes or No

APPLICATION TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY

Instructions: All information on this application must be truthful and correct. This three-page application must be completed in its entirety. Incomplete applications will not be accepted. Please contact this office if there are any questions relating to completing this application.

Choose Type of Facility		Choose Type of Request	
❑ Child Care Facility	❑ Drop-In Child Care Facility	❑ New Facility	
❑ Certificate of Compliance Facility	❑ School Age Child Care Facility	❑ Change in Capacity/Use	
❑ Indoor Recreation Facility	❑ Specialized Child Care/Mildly Ill Ill	❑ Change Ownership	❑ Change Director

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)

pp / /

Name of Facility as it is appears on license:	LLicense Number	Phone Number: (including area code):

Street Address of Facility (physical address):	City:	County: Palm Beach	Zip Code:

Mailing Address of Facility, if different (include city and zip code):

E-Mail Address:	FAX Number (including area code):

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

☐ 24 Hour Care

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time:	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Closing Time:	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

Months of Operation: ☐ School Year Only ☐ 12 Months ☐ Other: _____

Program Designations:

☐ Faith Based ☐ Head Start ☐ Urban Zone ☐ Public/Non-Public School ☐ VPK ☐ School Readiness

Check all service options that apply:

Full Day ☐ Half Day ☐ Drop-In ☐ Night Care ☐ Before School ☐ After School ☐ Weekend ☐

Infant Care (0-12 mos) ☐ Infant Care (12-24 mos) ☐ Food Served ☐ Transportation ☐

Number of children under age 2 proposed to be kept at facility:	Number of children over age 2 proposed to be kept at facility:	Total capacity requested:
_____	_____	_____

ON-SITE DIRECTOR INFORMATION

Name of Director: _____ _____ _____ Date of Birth: _____
First Middle (Maiden) Last

Director's Home Address: _____ Zip Code: _____
(Street or P.O. Box) City

Telephone Number: (_____) _____

Director Credential Certificate Number: _____ Director Credential Level: _____
Certificate Expiration Date: _____

III. LEGAL OWNERSHIP OF CHILD CARE FACILITY (Complete One Section Only)

INDIVIDUAL

Name: First	Middle (Maiden)	Last	
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ( )
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

PARTNERSHIP

(Attach a copy of the Partnership Agreement)

Name: First	Middle (Maiden)	Last	
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ( )
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

Name: First	Middle (Maiden)	Last	
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ( )
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

CORPORATION

(Attach current Articles of Incorporation and Certificate of Status/Certificate of Authorization from Dept. of State)

Name: Telephone Number, including area code:	Corporate #: _____ Incorporated in which state?_____ Is the corporation registered with the Florida Secretary of State? ❑ Yes ❑ No (If no, please register prior to submitting an application.)		
Address (P.O. Box or Street Address)	City	State	Zip Code
Attach a list of Director's names, and the title/office, address, and telephone number for each Director. Also attach the street address of the corporation's registered office, and the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or a registered agent in Florida is grounds for revocation of this license.			
All corporations must include a current Certificate of Status (domestic corporation), or a Certificate of Authorization (foreign corporation) with this application. Failure by any corporation to comply with all requirements under Chapter 607, Florida Statutes, is grounds for revocation of this license.			

OTHER ENTITY

(These are programs operated by School Boards, before and after school programs, and other non-incorporated entities.)

Name of Entity:				
Entity's Designated Representative: First	Middle (Maiden)		Last	
Address (P.O. Box or Street Address)	City	State	Zip Code	Telephone Number ( )

IV. OWNER OF REAL PROPERTY

Legal Name: First	Middle (Maiden)	Last	Telephone Number ( )
Address (P.O. Box or Street Address)	City	State	Zip Code

V. ATTESTATION

Has the facility owner, applicant, or director 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 employed in a childcare facility?

❑ Yes ❑ No *If Yes, please explain:* _____

_____

[Attach additional sheet(s) if necessary]

I hereby attest that the information contained in this section is truthful and correct under penalty of perjury. _____
Initial

Have you or anyone identified as a party to ownership ever held a license (child care, foster care, cosmetology, etc.) with any state agency in any capacity other than a driver's license?

❑ Yes ❑ No *If Yes, where, what type of license, license number, and under what name?*

_____

[Attach additional sheet(s) if necessary]

It is agreed that the undersigned has received a copy of Chapter 77-620, Laws of Florida, as amended, the Palm Beach County Rules and Regulations Governing Child Care Facilities and other applicable regulations adopted by reference therein, and will adhere to the provisions of these Statutes, Rules, and Regulations.

Pursuant to the Palm Beach County Rules and Regulations Governing Child Care Facilities, child enrichment service providers shall be of good moral character based upon screening, using Level 2 standards in Chapter 435, F. S. If this facility utilizes a child enrichment service provider, it is the responsibility of the director to ensure that the child enrichment service provider is screened accordingly and parents/guardians provide written consent before a child may participate in activities conducted by the child enrichment service provider. Your signature on this application indicates your understanding and compliance with the law.

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 employee and children's health records in your possession.

Pursuant to section 435.05(3), F.S., each employer must attest via signed affidavit compliance with the provisions of chapter 435.04, F.S. By signing below, I _____, Applicant of _____ Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Under penalty of perjury I hereby attest that the information contained in this application is truthful and correct.

This application may be withdrawn at any time the applicant so desires. _____DATE_____
Signature of Owner or Organization's Designated Representative

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

❑ Affiant personally known to notary OR

❑ Affiant produced the following identification: _____

THIS APPLICATION REQUIRES THE WRITTEN APPROVAL OF THE FOLLOWING AGENCIES:

Building Department: _____ _____ Date: _____
Print Name — Signature

Comments: _____

Zoning Department: _____ _____ Date: _____
Print Name — Signature

Approved Capacity: _____ Comments:_____

Fire Department: _____ _____ Date:_____
Print Name — Signature

Comments: _____

CHILD CARE ADVISORY COUNCIL: _____Date: _____

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida County of _____

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

As an applicant for employment with, an employee of, a volunteer for, or an applicant for certification 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 contender 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: 39.205	failure to report child abuse, abandonment, or neglect
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: 414.39	fraud, if the offense was a felony
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 the offense was a minor
Section: 784.021	aggravated assault
Section: 784.03	battery, if the victim of the offense was a minor
Section: 784.045	aggravated battery
Section: 784.075	battery on staff or a detention or commitment facility or on a juvenile probation officer
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: 787.06	human trafficking
Section: 787.07	human smuggling
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
Section: 794.08	relating to female genital mutilation
Chapter: 796	prostitution
Section: 798.02	lewd and lascivious behavior
Chapter: 800	lewdness and indecent exposure
Section: 806.01	arson

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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	relating to theft, robbery, and related crimes, if the offense was a felony
Section: 817.563	fraudulent sale of controlled substances, only 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
Section: 827.071	sexual performance by a child
Section: 831.311	unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances
Section: 836.10	written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism
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: 859.01	poisoning food or water
Section: 873.01	prohibition on the purchase or sale of human organs and tissues
Section: 874.05	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 POSITIONS REQUIRED TO BE SCREENED UNDER SECTION 408.809, FLORIDA STATUTES:

In addition to the Chapter 435, F.S. listed offenses the following offenses are also applicable for any licensure or employment required in the applicable statutes.

	Relating to:
Chapter: 408	felony offenses contained in Chapter 408
Section: 409.920	Medicaid provider fraud
Section: 409.9201	Medicaid fraud
Section: 741.28	domestic violence
Section: 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section: 784.03	battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429
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

CONTINUED ON NEXT PAGE

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

SIGNATURE OF AFFIANT:_____

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.

SIGNATURE OF AFFIANT:_____

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.

SIGNATURE OF AFFIANT:_____

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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 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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Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their <u>suspicions</u> 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. **<u>Remember</u>**, 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

Central Abuse Hotline Record Search

STATE OF FLORIDA
DEPARTMENT OF CHILDREN & FAMILIES

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):_____

	Address	*City*	*County*	*State*	*Zip*	*Dates at Address*
Current Address:						
Previous Address:						
Previous 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

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

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:

DCF Program Office Contacts

DCF Background Screening
Website: http://www.dcf.state.fl.us/programs/backgroundscreening
Email: hgw.bgs.helpdesk@myflfamilies.com
Phone: (888) 352-2849

DCF Office of Child Care Regulation
Website: www.myflfamilies.com/service-programs/child-care
Phone: (850) 488-4900

DCF Substance Abuse and Mental Health
Website: www.myflfamilies.com/service-programs/substance-abuse/information-for-providers

Florida Department of Children and Families

Background Screening
OCA Number Request Form

A completed OCA request form must be accompanied by a government issued ID

Select 1A or 1B

1A: I DO NOT HAVE A DCF OCA NUMBER

☐ **OCA Numbers are issued by or with the permission of the licensing or regulatory authority. If no regulatory authority exists, DCF Background Screening will issue OCA Numbers for those facility types.**
Complete 1A, 1C, 2

1B: I HAVE A DCF OCA NUMBER, AND

☐ **I need to make a change and update the facility or provider profile with the Department**
Complete 1B, 2, 3

☐ **I am making notification of facility closure**
Complete 1B, 1C, 4

☐ **My facility provides services for more than one provider type and I need a new OCA**
Complete 1B, 1C, 2

3. Updated Facility Contact Information

4. Facility Closure

Facility OCA Number:

Date Facility Closed:

Licensing Office Location:

Licensing or Regulation Contact:

1C: Select one

Child Welfare

Submit completed forms to DCF Background Screening

- ☐ Foster Care
- ☐ Child Placing Agency
- ☐ Child Caring Agency ☐ Group Home
- ☐ Agencies contracted to provide services for DCF

Mental Health

Submit completed forms as directed by Mental Health Licensing or Regulatory Entity

- ☐ BOTH Substance Abuse and Mental Health
- ☐ Mental Health ONLY

Summer Camp

Submit completed forms to DCF Background Screening

- ☐ Summer Camp

DCF General/Other

Submit completed forms to DCF Background Screening

- ☐ Non-Licensed After School or Enrichment Program
- ☐ Homeless, Emergency or Day Shelter
- ☐ Membership Organizations

Child Care

Submit completed forms to DCF Office of Child Care Regulation

- ☐ Licensed Child Care or Day Care
- ☐ Family Day Care Home
- ☐ Religious Exempt
- ☐ Licensed After School or Enrichment Program

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

Child Care Personnel Employment History Check

The employer must complete this page.

FOR USE BY EMPLOYER OR **CHILD CARE LICENSING STAFF ONLY.**

Child Care facility owners are responsible for conducting employment history checks for all EMPLOYEES and SUSTITUTES 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 Florida Department of Health – Palm Beach 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

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

X_____ Date_____

Community-Based Care Lead Agencies Contact Information:
https://www.myflfamilies.com/service-programs/community-based-care/docs/leadagencycontacts.pdf

** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE**