

Back-up Sitters



IMPORTANT NOTE: *These packets have been prepared for **married applicants**- for this reason, there are duplicate copies of specific forms. **If you are single**, please ignore the duplicated forms.*

FAQ: "Why are there so many forms (would you like to know my blood type too)?"

Florida Statute 65C-13.023

- (1) explains that the state requires all persons applying for foster care licensure and all adult household members (ages 18+) and ANY PERSON THAT MAY HAVE UNSUPERVISED CONTACT WITH A CHILD IN THE HOME to be background screened.

The law specifically requires that:

- (2) These screenings shall, at a minimum, include **fingerprinting; statewide criminal and juvenile records checks** through the Florida Department of Law Enforcement; **federal criminal records checks** through the Federal Bureau of Investigation; **local criminal record checks** through local law enforcement agencies, and may include records of any responses to the home by law enforcement that did not result in criminal charges. Records checks through the department's **Statewide Automated Child Welfare Information System (SACWIS)** regarding child abuse and neglect investigations and **civil court records checks** regarding domestic violence complaints and orders of protection must also be included. If the applicant or any other adult household member has resided in any other state over the past five years, requests for abuse and neglect histories must be made of those states, and the results of such requests included with the application packet.



RELEASE OF INFORMATION

I(we) hereby authorize the release of any information requested by the Department of Children and Families to be utilized in determining my(our) suitability to become

☒ a licensed out-of-home caregiver, or ☐ an adoptive parent.

I(we) hereby grant permission to the Department of Children and Families to obtain information from local, state, or federal law enforcement agencies to help determine my(our) suitability to serve as a foster parent or as an adoptive parent. I(we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my(our) participation in

☒ the licensed out-of-home care program, or ☐ the adoption program.

Applicant's Signature

Date

Applicant's Signature

Date

Name of all household members aged 12-17 years old:



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 to volunteer with
KIDS IN DISTRESS INC., 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 SUBSTANCE USE AND MENTAL HEALTH DISORDER 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., "Service Provider Personnel" and "Peer Specialists" screened pursuant to s. 397.407, F.S.; "Recovery Residence Personnel" screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

	<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 photo-optical 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 KIDS IN DISTRESS INC. 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 by means of ☐ physical presence or ☐ online notarization
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: _____



DISCIPLINE POLICY AGREEMENT

Pursuant to Florida Administrative Code, 65C-45.010(4), the licensed out-of-home caregiver(s) shall implement acceptable methods of discipline that are trauma focused, promoting the development of positive behavior for children that are placed in the home. ***This standard is also applicable to all screened and approved baby sitter(s)/caregiver(s) identified by the licensed out-of-home caregiver(s).***

To ensure the safety, health and well-being, the following techniques are considered acceptable:

1. Licensed out-of-home caregiver(s) shall discipline children with kindness, consistency, and understanding, and with the purpose of helping the child develop responsibility and self-control.
2. Licensed out-of-home caregiver(s) shall use positive methods of discipline. Acceptable methods of discipline include: reinforcing acceptable behavior, expressing verbal disappointment of the child's behavior, loss of privileges, grounding, restricting the child to the house or yard, sending the child out of the room and away from the family activity, and redirecting the child's activity.
3. Licensed out-of-home caregiver(s) will seek the assistance of the child's case manager or therapist for behavior problems.

Techniques that do not promote the safety, health and well-being of a child that are prohibited:

1. Licensed out-of-home caregiver(s) shall not subject children to cruel, severe, or unusual forms of discipline.
2. Licensed out-of-home caregiver(s) shall not use corporal punishments of any kind.
3. Licensed out-of-home caregiver(s) shall not delegate discipline or permit punishment of a child by another child or by another adult not in a caregiver role.
4. Licensed out-of-home caregiver(s) shall not withhold meals, clothing, allowance or shelter as a form of discipline.
5. Licensed out-of-home caregiver(s) shall not ridicule or punish a child for bed-wetting or other lapses in toileting.
6. No child shall be mechanically restrained or locked in any enclosure, room, closet, bathroom or area of the house or premises, for any reason.
7. Licensed out-of-home caregiver(s) shall not threaten a child with removal, or with a report to authorities or prohibit visitation with family and significant others as consequences for unacceptable behavior.

I/We have read the Agency's Discipline Policy and agree to comply.

(Prospective) Foster Parent

Date

(Prospective) Foster Parent

Date

Baby Sitter/Caregiver

Date

Baby Sitter/Caregiver

Date



CONFIDENTIALITY AGREEMENT

I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential.

I further agree to treat any such information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

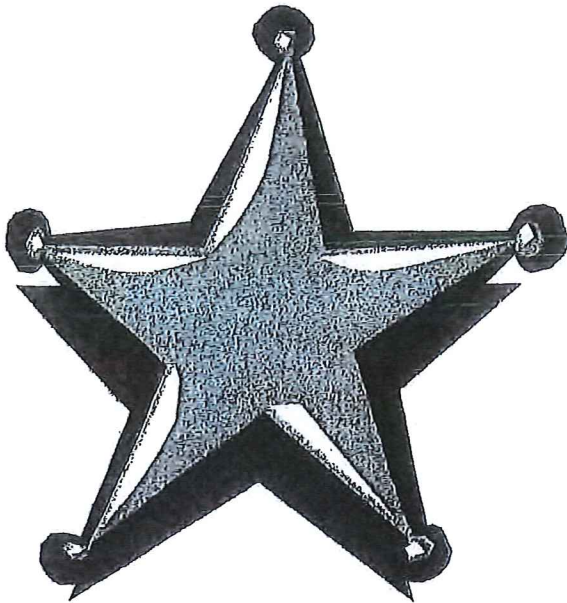
My signature below serves as an acknowledgement that I have received a copy of this document.

Date

Signature (Applicant one)

Date

Signature (Applicant two)



More Background Checks...

The next form will be submitted to the State of Florida to ensure that there are no reports against your home of abuse, neglect or exploitation.

***Please sign the top of the attached form
Then complete Section I on the first page
and the top portion of page two ONLY.***

- 1. TIP FOR PAGE ONE: don't forget to include the complete address of all previous residences within the State of Florida for the past ten years.***
- 2. TIP FOR PAGE TWO: You will need to print the name, date of birth and social security number of every member of your household, regardless of age, on the second page of this form.***



Central Abuse Hotline Record Search

NOTE: This form must show addresses for the last 5 years.

I / We, _____ and _____
(please print – first, middle, last name) (please print – 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 "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: _____

Print name legibly online, then affix signature

Applicant Signature: _____ Date: _____ Phone: _____

NOTE: This form must be submitted by one of the agencies identified at the bottom of this page. The applicant/spouse may NOT SUBMIT THIS FORM DIRECTLY to the Department of Children & Families.

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

Reason for Record Search: ☐ Adoption Applicant (Chapter 63) ☐ DCF Employee (Chapter 39)
☒ Licensing/Registration Applicant (Chapters 39 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 child and adult household members on page two of this form. **Do not include any foster care children.**

TO BE COMPLETED BY REQUESTING AGENCY

☒ Foster Home/Shelter ☐ DD Foster Home ☐ Adoption

OCA and /or Facility ID: Kids in Distress, INC

Facility / Agency Name: Kids in Distress, INC Phone: 954-390-7654

Address: 819 NE 26th St., Wilton Manors, FL 33305

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.

Printed Name and Signature of Requesting Facility/Agency Representative

Date

$l / We,$

and

(please print – first, middle, last name)

(please print – first, middle, last name, if applicable)

APPLICANTS FOR FAMILY CHILD CARE, FOSTER/GROUP HOME OR ADOPTIONS – PLEASE ENTER INFORMATION FOR ALL HOUSEHOLD MEMBERS AGES 12 AND OLDER ***EXCEPT FOSTER CHILDREN***

[illegible]**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, in any role in three reports within a five year period.
- ☐ Records for an adoptive/foster home applicant are attached:
- ☐ Records for a private adoption applicant found for review are listed below:

[illegible]

How to get Fingerprinted

Step 1: Fill out the next two pages of this packet.

Step 2: Return the signed form and Applicant information to Kids In Distress.

Step 3: Kids In Distress will provide you with a print off that will have the next instructions on it.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date



Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

Applicant Information

*First Name: _____

Middle Name: _____

*Last Name: _____

*Aliases: _____

*SSN: _____

*Date of Birth: _____

*Place of Birth: _____

Demographics

*Sex: _____

*Race: _____

*Hair Color: _____

*Eye Color: _____

*Height: _____

*Weight: _____

Contact Information

*Address Line 1: _____

Address Line 2: _____

*City: _____

*State: _____

*Zip: _____

County _____

Prior States: _____

Email: _____

Phone: _____

UNDER ALIASES
PLEASE LIST ANY LEGAL
NAMES YOU HAVE
BEEN KNOWN AS
PREVIOUSLY. THIS
CAN BE A MAIDEN NAME,
ADOPTED NAME, LEGAL
NAME CHANGE, OR
MARRIED/HYPHENATED
NAME.

*Denotes Required Fields

Driver's License

Please submit an enlarged ^{COLOR} copy of your
Florida Driver's License and
proof of current Auto Insurance.

