



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: _____

*Denotes Required Fields

**Opportunity, Inc.
Volunteer Information**

Name:

Street Address:

City/State/Zip Code:

Home Telephone:

Cellular Telephone:

E-mail:

Emergency Contact:

Volunteers Areas of Interest:

Classroom Assistance

Reading

Music

Art

Physical Education

Administrative Assistance

Fund Raising

Other:



CHILD CARE 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 Chapter 435 Florida Statutes 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 |
| 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 |
| 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

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: _____



Rules and Regulations Governing Child Care Facilities & Family Day Care Facilities in Palm Beach County, Florida,
Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

**AFFIDAVIT STATEMENT FOR APPLICANT (EMPLOYEES)
(CHAPTER 402.3055 F.S.)**

Name of facility: _____

Address: _____

I _____ attest, under penalty of perjury, that I have never had a license denied, revoked, or suspended in any state or jurisdiction or have been the subject of a disciplinary action or been fined while being an owner, operator or employee of a facility providing child care. Neither have I ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action nor been fined while employed in a child care facility.

Signature

Facility OCA # _____

Position at facility providing childcare

Date

Notary

Please explain if you are unable to attest to the above.

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 section (§) 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 § 39.201(e), F.S., as "harm or threatened harm" to a child's mental or physical health or welfare by the acts or omissions of a parent, adult household member, or 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 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 § 39.201, F.S. constitutes a violation of the standards in §§ 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 § 39.203(1)(a), F.S.
- * For more information about child abuse and neglect, visit the Department of Children and Families' website at www.myflorida.com/childcare and select "Training Requirements." 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 §§ 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based.

This statement is to verify that on _____, 20____, I, _____

Date

Name of Employee

read or had read to me the above material and understand the information and my mandated reporter requirements.

Signature of Employee

Signature of Operator

CHILD ABUSE AND NEGLECT IN FLORIDA A GUIDE FOR PROFESSIONALS

The Law

Chapter 39, Part II, Florida Statutes, protects children* from abuse, abandonment or neglect. Section 39.201 provides for a central abuse hotline (1-800-96-ABUSE) in the Department of Children and Families to receive reports of abuse, abandonment or neglect and defines who must report abuse. The law assigns to the Department of Children and Families all responsibility for receiving, investigating and acting upon such reports.

Child abuse is defined as including any non-accidental injury, sexual battery, financial or sexual exploitation or injury to the intellectual or psychological capacity of a child by the parents or other persons responsible for the child's welfare. Child neglect is failure to provide adequate food, clothing, shelter, health care or needed supervision.

People other than the child's parent who may be responsible for a child's welfare include legal guardians, foster, group or nursing home operators, babysitters, family day care home operations or day care workers and public or private institution workers. Abusers may also be other persons living in the home or having access to the child, such as other family members, roommates or persons cohabiting with a child's parent.

Reporting Abuse

Anyone who knows or has reasonable cause to suspect child abuse, abandonment or neglect is required to report such knowledge or suspicion. Any person failing to report or knowingly preventing another person from reporting child abuse, abandonment or neglect is guilty of a first degree misdemeanor and may be prosecuted. Any person who knowingly makes a false report, or advises another to make a false report, is guilty of a third degree felony. Anyone making a report who is acting in good faith is immune from liability.

The department must consider valid and accept for investigation any report received by the central abuse hotline from a judge, school teacher (or other school official), physicians, nurse or who is acting in his or her professional capacity. Some professionals have additional responsibilities. For example, the law gives law enforcement officers, physicians and persons in charge of hospitals or similar institutions the authority to take a child into protective custody if that child appears to be in imminent danger. Any person taking a child into protective custody must immediately notify the Department of Children and Families. A physician may authorize a radiological examination for a child without the consent of the parents or guardians if he or she has cause to suspect that an injury was the result of child abuse.

In addition, the law directs any required reporter who believes that a child died as a result of child abuse, abandonment or neglect, to report this suspicion to the medical examiner. The medical examiner, in turn, must investigate and report his findings in writing to the local law enforcement agency, state attorney's office and Department of Children and Families.

**Children are defined as unmarried persons under the age of 18 years who have not been emancipated by order of the court.*

Immunity from Liability and Confidentiality

Florida law protects those reporting child abuse in two ways – immunity from liability and confidentiality. Anyone making a report "in good faith" is specifically immune from any civil or criminal charges that might result. The reporter's name will not be released to anyone other than the Department of Children and Families' employees responsible for Child Protective Services or the state attorney without written consent of the person reporting.

Reporters in the occupational categories in Section 39.201(1) are required to provide their names to the hotline staff when reporting abuse, abandonment or neglect. The names of these reporters shall be entered into the record of the report, but shall be held confidential. In addition, the

protective investigation. All public agencies are required to cooperate with the department to enable it to complete abuse investigations.

How to Report Suspected Abuse or Neglect

The report must be made to the Florida Protective Services System toll-free abuse hotline 1-800-96-ABUSE (1-800-962-2873) operated 24 hours per day. Reports should include the following:

- Names and addresses of child, parent(s), guardian(s) or other persons responsible for the child's welfare.
- Child's age, race, sex and sibling's (siblings') name(s).
- Nature and extent of alleged abuse, abandonment or neglect.
- Identity of abuser, if known.
- Reporter's name, address and telephone number if desired.
- Other information reporter believes would be helpful in establishing cause of injury or neglect.
- Directions to the child's location at the time of report.

After a report is made, a Department of Children and Families child protective investigator is assigned to conduct an investigation which will include an assessment of the family situation and an evaluation of the immediate safety of the child. In addition, a service counselor may be assigned, during the investigation, to work with the family, teaching parents better parenting skills and ways to cope with life's pressures.

At times, however, a child may be in immediate danger or the parents may be unresponsive to all efforts to improve the situation. In such cases, removal of the child may be necessary.

The Department of Children and Families relies on citizens to report child abuse abandonment and neglect. Professional persons are especially able to provide this information and are both legally and ethically obligated to do so.

It is the responsibility of all citizens of the state of Florida to protect our children. If you have knowledge of or reasonable cause to suspect abuse or neglect of a child, call 1-800-96-ABUSE (1-800-962-2873).

What to Do After The Report is Made

- Comfort the child.
- Reassure the child that the people who will be investigating the situation are there to help.
- Continue to observe the child and the child's behavior in the event that abuse recurs.

From July 1988 to June 1989, over 100,000 reports of child abuse and neglect were received. That figure is shocking, but even more shocking is the fact that for every case of child abuse reported, two more go unreported. Professionals in daily contact with children are the first line of defense against child abuse and neglect. Suspicion on the part of a teacher, school nurse, child care provider, physician or law enforcement officer often results in the successful diagnosis of abuse or neglect. Such a diagnosis is the necessary first step in treatment for both the child and the family. This pamphlet is intended to provide guidelines for use by professionals in recognizing and reporting abuse and neglect in Florida.



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

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.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice



VOLUNTEER AFFIDAVIT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

- Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must submit local and state background screening and I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit level 2 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated child care training requirements.
- Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C20.009(1)(a), Florida Administrative Code

I attest that I have read the foregoing, and the facts alleged are true and correct.

Volunteer/Foster Grandparent Signature

Date

To be Completed by the Owner/Operator/Director

I attest my name is _____, and I
am the owner/operator/director of the child care program identified above. The above individual serves, under the
above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read the forgoing, and the facts alleged are true and correct.

Owner/Operator/Director Signature

Date

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

Child Care
Facility

Child Care Personnel Employment History Check

Pursuant to Article VII(G) 3, Palm Beach County Rules and Regulations Governing Child Care Facilities.

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

Pursuant to Article VII(G)3, Palm Beach County Rules and Regulations Governing Child Care Facilities.

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 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