



Child Abuse & Neglect Reporting Requirements

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

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

Categories include:

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

- * Reports must be made immediately to the Florida Abuse Hotline Information System by
 - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
 - Fax at 1-800-914-0004, or
 - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- * Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- * All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- * It is important to give as much identifying and factual information as possible when making a report.
- * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- * For more information about child abuse and neglect, visit the Department's website at www.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 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



CODE OF CONDUCT

The purpose of the Code of Conduct is to guide staff, parents, consultants, volunteers, and community members in performing their duties in any of the programs provided by Kids Incorporated of the Big Bend.

PROGRAM PHILOSOPHY: as employees, parents, partners, and volunteers and community members of our program, we believe that:

- Children enrolled in our programs are our greatest asset. **Our priority is that children are protected and not harmed in any way.**
- Differences such as disabilities, gender, age, education level, life style, personal values, and ways of thinking also need to be considered, understood and appreciated. Adult family members that have been traditionally under-involved in programs, including fathers, father figures, and grandparents are invited and welcomed into our classrooms and program activities.
- Families have the right to expect that personal information about a child or the family held by the program remains secure. We are responsible for maintaining confidentiality, and respect each person's right to privacy. We refrain from disclosure of confidential information and intrusion into family life.
- Policies ensure the use of positive, non-punitive methods of guidance and discipline. Teachers consistently:
 - demonstrate, model and practice classroom procedures to reinforce limits for children;
 - use redirection, positive reinforcement and consistency in management of child behavior;
 - encourage children to put their emotions (positive and negative) and ideas into *words*;
 - use guided practice, modeling and repetition to help children learn to express themselves appropriately; and
 - model affection and care by respectful attentiveness, smiles, hugs, and by giving the child eye contact at their level while calmly speaking to them.

As an employee, parent, consultant, volunteer, community member, of Kids Incorporated programs, I certify that while working with the program, I will abide by the Kids Incorporated Code of Conduct and:

- Commit to the safety and well being of all children in my care.
- Respect the unique identity of each child and family.
- Use of Positive Guidance.
- Refrain from gossip, the use of profanity and inappropriate, unsuitable behavior not conducive to as positive and productive work and child environment;
- Comply with program confidentiality policies.

- Comply with all applicable laws, standards, policies and procedures.

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

Employees will be subject to disciplinary procedures as outlined in the Kids Incorporated HR-65.

Volunteers violating this Code of Conduct will be asked not to return to the classroom or program. Further, such violations may subject the individual to civil penalties.

Parents violating this Code of Conduct may have their child’s care terminated from any one of the center-based or home-based programs offered by Kids Incorporated.

(Only the President/CEO of Kids Incorporated can make the decision to terminate a child due a violation of the Code of Conduct.)

NOTE: According to Florida State law, a person may also be liable for slander for unlawful disclosure of confidential information.

Any person working as a paid staff member, parent, consultant, volunteer, Board member, must understand and sign this Code of Conduct prior to beginning in any position.

CERTIFICATION

I _____, holding the position of _____ at Kids Incorporated _____ (location), certify that I have read or had explained and understand to me the above Code and willing to carry out these responsibilities and understand the consequences of violating these policies.

Signed:

Name	Date
Witnessed By	Date

Kids Incorporated
 2326 Centerville Rd., Tallahassee, FL 32308
 Phone: 414-9800 Ext. 112 / Fax: 414-9810
www.kidsincorporated.org
 Email: info@kidsincorporated.org



VOLUNTEER

Confidentiality Statement of Agreement

As a Kids Incorporated volunteer whose duties include working closely with children. I understand that I may not disclose to any unauthorized person any confidential information that I may encounter while performing my duties, and that such a breach of confidence may result in my release from the volunteer program of Kids Incorporated.

Volunteer (Print Name)

Volunteer Signature

Date

Please return to:
Volunteer Coordinator
Kids Incorporated of the Big Bend
2326 Centerville Rd., Tallahassee, FL 32308
Phone: 414-9800 ext. 112 / Fax: 414-9810
www.kidsincorporated.org
email: info@kidsincorporated.org



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 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 background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated 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 65C-20.009(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
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

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

Owner /Operator /Director Signature

Date



2326 Centerville Rd., Tallahassee, FL 32308
Phone: 850.414.9800; Fax: 850.414.9810
www.kidsincorporated.org

PHOTO/VIDEO RELEASE FORM

I, _____, hereby authorize Kids Incorporated of the Big Bend to photograph/video myself and/or my child _____ during Kids Incorporated program or event activities. I do not object to these photos/videos being used in program publications, displayed at program or event sites, on the web site or in social media, or in an effort to promote the mission of Kids Incorporated of the Big Bend. I understand the photographs/videos will remain the property of Kids Incorporated of the Big Bend. I further understand the participation in this activity is entirely voluntary and will not affect any services I may receive from Kids Incorporated of the Big Bend. If at any time I wish to revoke my permission, I understand it is my responsibility to notify Kids Incorporated staff as soon as possible and complete the bottom portion of this form.

Signature of Parent/Guardian/Individual _____

Date _____

Staff Signature _____ Date _____

Revocation: I hereby revoke my permission to have myself and/or my child photographed/video graphed effective _____. I understand this does not affect any services I may receive from Kids Incorporated of the Big Bend. I further understand this does not affect photographs or videos which were taken prior to this date. **Sign below to revoke this release form.**

Signature of Parent/Guardian _____ Date _____

Staff Signature _____ Date _____



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 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 quick 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) Chapter 893	encouraging or recruiting another to join a criminal gang 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: _____



RECEIPT ACKNOWLEDGMENT OF VOLUNTEER HANDBOOK

I acknowledge that I have received the Kids Incorporated Volunteer Handbook and understand that it is my responsibility, as a Kids Incorporated volunteer, to read and comply with the policies and procedures set forth in said packet.

Volunteer signature

Date

Volunteer (Print Name)

Date

Supervisor signature

Date



Local Criminal Record Check

The individual described below is considered "VOLUNTEER" pursuant to 402.302 of the FLORIDA STATUTES, at:

Kids Incorporated of the Big Bend
2326 Centerville Rd
Tallahassee, FL 32308
Phone: 414-9800 Ext. 112 /Fax: 414-9810
www.kidsincorporated.org
Email: info@kidsincorporated.org

- € Brandon's Place
- € Budd Bell Early Learning Center
- € Bright Beginnings
- € Bright Days
- € Jefferson County EHS
- € Central Office Based
- € Parkway Early Head Start

and, as such, is subject to a local criminal records check.

Individual's Name _____
(Last) (First) (Middle)
Race _____ Sex _____ Date of Birth _____
Social Security Number _____

Please conduct a local criminal records check on this individual and indicate your findings below:

Record Found? _____ YES _____ NO

Date Check Completed _____ **Authorized Signature** _____

I, _____, hereby give local law enforcement agencies permission to search their files and release to **Kids Incorporated** and **DCF** any information found. I realize this search is a routine procedure for all child care personnel, pursuant to **FLORIDA CHILD CARE STANDARDS, CHAPTER 65C-22 F.A.C.**

I am aware that information obtained through this check will be public information.

Signature: _____ **Date:** _____

For Kids Incorporated Office Use Only: Do the findings preclude working with Kids Inc.? € Yes € No