

CF OPERATING PROCEDURE  
NO. 175-91

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, November 15, 1999

## Family Safety

### ABUSE AND NEGLECT CLEARANCE OF INFORMAL CHILD CARE PROVIDERS

1. Purpose. This operating procedure discusses requirements for determining if informal child care providers can receive financial compensation through the subsidized child care program.
2. Scope. This operating procedure is applicable statewide to all Family Safety and child care staff involved in the informal child care provider program.
3. Explanation of Terms. For the purposes of this operating procedure, a 4C agency is the agency with which a district contracts for the provision of subsidized child care services.
4. Reference. Sections 39.202(2)(a) and 402.3015, Florida Statutes
5. General Information.
  - a. Section 39.202(2)(a), F.S., provides access to reports of abuse and neglect to, "Employees, authorized agents, or contract providers of the department...responsible for... licensure or approval of...family day care homes or informal child care providers who receive subsidized child care funding..."
  - b. The department will not designate or approve any given informal child care provider, nor determine whether an informal child care provider may care for a neighbor's, friend's or relative's child. The parent has the sole right to choose an informal child care provider. The department's sole responsibility is to determine whether such child care may legally be paid for through the subsidized child care program.
6. Procedure.
  - a. The parent will go to the 4C agency and receive the informal child care provider package.

Included in the package will be a clearance form and agreement notice. A signature is required on each form. This process will be completed for any new informal provider applicant.
  - b. All forms must be properly completed and given to the 4C agency. The clearance form must contain the names, dates of birth and social security numbers, if they exist, for all persons over the age of 12 years in the household of the informal child care provider chosen by the parent.
  - c. The 4C agency has the responsibility to ensure that all information required by the forms is complete, which includes a clearance form and a signed agreement form. Child care may begin at any time, but retroactive child care payments, if subsequently made, will only go back to the date when all properly completed required forms have been submitted to the 4C agency.
  - d. The 4C agency shall forward the screening form to the department screening coordinator.

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OPR: PDFS

DISTRIBUTION: X(electronic distribution): OSES; OSLs; ASGGS; Family Safety staff; and Auditor General. Paper copies to Professional Development Centers.

e. The screening coordinator shall check the Florida Abuse Hotline Information System (FAHIS) to determine if there are reports involving any of the household members.

(1) If there are no reports, the coordinator shall return the screening form to the 4C agency advising them there are no reports.

(2) If any individual in the household has one or more reports, the coordinator shall forward the clearance form and copies of the FAHIS reports to the district staff person designated by the district to review the information, referred to hereafter as the "reviewer".

f. The reviewer shall:

(1) Analyze the reports, focusing on the provider's ability to offer a safe environment for children.

(2) Forward to the 4C agency the screening form and a form advising (yes or no) on whether or not the provider may legally be paid to serve as an informal provider.

g. The 4C agency shall notify the parent and provider of the outcome of the abuse clearance.

(1) If the outcome is denial of payment, a letter of denial of payment for service provision shall be forwarded to the parent and provider by the 4C agency. Payment may be authorized for an additional 10 days from the date of the denial of payment letter to allow the parent to select an alternate care provider.

(2) If the outcome is approval, the department shall reimburse, through the 4C agency, for child care services rendered during the interim of completion of paperwork and the clearance process, as well as, future payments.

7. Time Limit. The abuse clearance process shall be completed in no more than 30 days, once the screening coordinator is in receipt of the clearance form.

*(Signed original copy on file)*

KATHLEEN A. KEARNEY  
Secretary



## Agreement to Provide Informal Child Care

I have never been found guilty, pleaded guilty or nolo contendere to any crime relating to child abuse or neglect, relating to illegal drugs or illegal use of prescription drugs, relating to domestic violence including assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping or false imprisonment.

The Department of Children and Families (formerly Department of Health and Rehabilitative Services) have never found me responsible for child abuse, neglect or abandonment after an investigation.

I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Informal Provider Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ABUSE BACKGROUND CHECK SUBSIDIZED INFORMAL CHILD CARE PROVIDER

I. I hereby give consent for the Department of Children & Families to conduct a check of reports of abuse, neglect, abandonment or exploitation on record concerning me and other household members.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### II. APPLICANT INFORMATION

	LAST NAME	FIRST NAME	FULL MIDDLE NAME	MAIDEN/PRIOR LAST NAMES	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Applicant(s)								
Spouse								
Children and household members								

### III. CHILD ABUSE/NEGLECT FOUND:

No: No further follow-up necessary  
Returned to Central Agency

Yes: Referred to Reviewer

\_\_\_\_\_  
Signature of Employee Completing Record Check

\_\_\_\_\_  
Date

Reviewer Recommendation

Approved: Yes or No

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date