



Dear Volunteer Applicant,

Thank you for your interest in Manatee Children's Services!

Please fill out the enclosed forms so that we may begin our screening process:

1. Volunteer Application. Please attach resume.
  2. Personal Reference Checks- there are three. *(Do NOT sign them or send out, please return to MCS to send out)*
  3. Request for Local Law Enforcement Checks - there are four.
  4. Affidavit of Good Moral Character. *(do not sign, we will notarize your signature when you return the forms)*
  5. Public Entity Crimes Affidavit. *(do not sign, we will notarize your signature when you return the forms)*
  6. Privacy Policy Acknowledgement Form. *(Sign at employee/contractor)*
  7. **Retain for your copy** the "FLORIDA DEPARTMENT OF LAW ENFORCEMENT PRIVACY POLICY" and DOJ "Privacy Statement".
  8. Care Provider Background Screening Clearinghouse Background Screening Request Form.
  9. Drug Testing Consent & Substance Abuse Policy.
  10. Contagious and Infectious Diseases Policy.
  11. Tuberculosis Screening & Policy Page.
  12. Confidentiality/Non-Disclosure Agreement.
  13. Child Abuse/Neglect Reporting Procedures.
  14. Foster Care Disclosure.
  15. Employee Data Form.
  16. Partnership Plan for Children.
  17. Deaf or Hard-of-Hearing Attestation.
  18. Conflict of interest.
  19. Authorization to Obtain Driving Records.
  20. W-9.
  21. Acknowledgment and Receipt of the Policies & Procedures.
  22. Acknowledgment and Receipt of Employee Handbook.
  23. Employee Handbook. (Retain for your records).
- **Remember to bring in your Social Security Card and Driver's License.** We will then schedule you for your Background Screening (Fingerprinting) and for your Drug Test at LabCorp. There is no charge to you for either of these services.
  - If you need a TB (Tuberculosis) Test, please see your primary doctor or go to The Manatee County Health Department. The cost is \$12 at the Health Department.
  - **\*Please bring in a copy of your Resume, Diplomas, Transcripts and/or Certifications.\***
  - When you have the forms completed, please return them to MCS Human Resources.
  - If you have any questions, please contact Human Resources, (941) 345-1200 ext. 139 email: [HumanResources@mcsfl.com](mailto:HumanResources@mcsfl.com)

Thank you,

**MCS Human Resources**



- \_\_\_\_\_ Volunteer Mentor (Mentor children in foster care).  
Background screening and training required. Work performed at pre-approved location. Hours are somewhat flexible, contingent upon child/staff schedules. Program allows volunteers to have quality, one-on-one interaction with a foster child.
  
- \_\_\_\_\_ Special Events (fundraisers, information booths, etc.)  
Work performed predominately at off-site locations, but may include some work at home opportunities. Hours vary, but will usually be nights and weekends.
  
- \_\_\_\_\_ Residential Services Volunteer (work with children in residential facilities on special projects – cooking, arts & crafts, tutoring, etc.). Criminal background check is required. Hours are somewhat flexible but contingent upon child/staff schedules.
  
- \_\_\_\_\_ Donation Helper (solicit items for donation needed at residential sites or for special events. Example – towels, linens, auction items). Work performed from volunteer’s home or by visiting local businesses.
  
- \_\_\_\_\_ Donation pick-up (pick up donated items at various community locations). May require heavy lifting. Access to a large vehicle/truck is helpful, but may not be necessary.
  
- \_\_\_\_\_ Other (please note: ) \_\_\_\_\_  
(example: clothes drives, food drives, clean up at the residential program sites, etc.)

*I authorize the contact of listed references. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a volunteer. If appointed as a volunteer, I agree to abide by the policies of the organization and to fulfill the volunteer responsibilities to the best of my ability.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return completed application to:  
**Manatee Children’s Services**  
**1227 9<sup>th</sup> Avenue West, Bradenton, FL 34205**  
**Attn: Human Resources Department**  
**email [HumanResources@mcsfl.com](mailto:HumanResources@mcsfl.com)**  
**Fax: (941) 345-1214**

# Employment Verification

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
*(Former Supervisor's Name)*

I, \_\_\_\_\_ give your agency permission to release any information related to my employment with your company to Manatee Children's Services.

Please fill out the second page of this letter and return to:

*Manatee Children's Services  
1227 9<sup>th</sup> Avenue West  
Bradenton, FL 34205  
Email: HumanResources@mcsfl.com  
Fax: (941) 345-1214 Attn: HR Department*

*Sincerely,*

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

# Employment Verification

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Date \_\_\_\_\_

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Bradenton, FL 34205  
Email: HumanResources@mcsfl.com  
Fax: (941) 345-1214 Attn: HR Department*

*Sincerely,*

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

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Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Fax: (941) 345-1214 Attn: HR Department*

*Sincerely,*

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

## Personal Reference Check

Reference's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Under the Florida Law, Chapter 85-54, Manatee Children's Services is required to make a reference check for \_\_\_\_\_. Please answer the following questions to the best of your knowledge and return as soon as possible to:

*Manatee Children's Services  
1227 9<sup>th</sup> Avenue West  
Bradenton, FL 34205  
Email: HumanResources@mcsfl.com  
Fax: (941) 345-1214 Attn: HR Department*

1. In what capacity do you know the applicant? \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. To your knowledge, has the applicant even been convicted of a crime? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
4. Do you think this person is qualified to work in a facility/home to care for children or developmentally disabled clients? \_\_\_\_\_ If NO, why? \_\_\_\_\_
5. Would you consider placing the responsibility of a child or developmentally disabled relative of yours with the applicant? \_\_\_\_\_
6. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Personal Reference Check

Reference's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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6. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Personal Reference Check

Reference's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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If yes, explain \_\_\_\_\_
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5. Would you consider placing the responsibility of a child or developmentally disabled relative of yours with the applicant? \_\_\_\_\_
6. Any additional comments? \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Request for Local Law Enforcement Check of Applicant**

Pursuant to Chapter 85-54, Laws of Florida, **Manatee Children's Services, Inc.** requests a local check on the applicant listed below:

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Address                      City                      Zip

\_\_\_\_\_  
Date of Birth              Race              Sex              Social Security Number

I hereby authorize the *Bradenton Police Department* to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Manatee Children's Services, information regarding convictions under Florida Statutes or statutes of other jurisdiction.

I hereby authorize the *Bradenton Police Department* to check any and all records of 911 responses/calls to home by law enforcement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Law Enforcement Results:

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**INSTRUCTIONS:** Please complete and return to: **Manatee Children's Services**  
**Attn: Human Resources**  
**1227 9<sup>th</sup> Avenue West**  
**Bradenton, FL 34205** Fax:  
**(941) 345-1214**  
**Email: [HumanResources@mcsfl.com](mailto:HumanResources@mcsfl.com)**

*Upon receipt from your local law enforcement agency, this form is to be retained in the employee's personnel file.*

## **Request for Local Law Enforcement Check of Applicant**

Pursuant to Chapter 85-54, Laws of Florida, **Manatee Children's Services, Inc.** requests a local check on the applicant listed below:

_____	_____	_____	
Last Name	First Name	Middle Name	
_____			
Address	City	Zip	
_____			
Date of Birth	Race	Sex	Social Security Number

I hereby authorize the *Manatee County Sheriff's Office* to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Manatee Children's Services, information regarding convictions under Florida Statutes or statutes of other jurisdiction.

I hereby authorize the *Manatee County Sheriff's Office* to check any and all records of 911 responses/calls to home by law enforcement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Law Enforcement Results:

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**INSTRUCTIONS:** Please complete and return to: **Manatee Children's Services**

**Attn: Human Resources**

**1227 9<sup>th</sup> Avenue West**

**Bradenton, FL 34205**

**Fax: (941) 345-1214**

**Email: [HumanResources@mcsfl.com](mailto:HumanResources@mcsfl.com)**

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## **Request for Local Law Enforcement Check of Applicant**

Pursuant to Chapter 85-54, Laws of Florida, **Manatee Children's Services, Inc.** requests a local check on the applicant listed below:

_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	
Address	City	Zip	
_____	_____	_____	_____
Date of Birth	Race	Sex	Social Security Number

I hereby authorize the *Sarasota County Sheriff's Office* to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Manatee Children's Services, information regarding convictions under Florida Statutes or statues of other jurisdiction.

I hereby authorize the *Sarasota County Sheriff's Office* to check any and all records of 911 responses/calls to home by law enforcement.

_____	_____
Signature of Applicant	Date

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Law Enforcement Results:

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**INSTRUCTIONS:** Please complete and return to: **Manatee Children's Services**  
**Attn: Human Resources**  
**1227 9<sup>th</sup> Avenue West**  
**Bradenton, FL 34205**  
**Fax: (941) 345-1214**  
**Email: HumanResources@mcsfl.com**

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## **Request for Local Law Enforcement Check of Applicant**

Pursuant to Chapter 85-54, Laws of Florida, **Manatee Children's Services, Inc.** requests a local check on the applicant listed below:

_____	_____	_____	
Last Name	First Name	Middle Name	
_____			
Address	City	Zip	
_____			
_____	_____	_____	_____
Date of Birth	Race	Sex	Social Security Number

I hereby authorize the *Sarasota Police Department* to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Manatee Children's Services, information regarding convictions under Florida Statutes or statutes of other jurisdiction.

I hereby authorize the *Sarasota Police Department* to check any and all records of 911 responses/calls to home by law enforcement.

_____	_____
Signature of Applicant	Date

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Law Enforcement Results:

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**INSTRUCTIONS:** Please complete and return to: **Manatee Children's Services**

**Attn: Human Resources**

**1227 9<sup>th</sup> Avenue West**

**Bradenton, FL 34205**

**Fax: (941) 345-1214**

**Email: [HumanResources@mcsfl.com](mailto:HumanResources@mcsfl.com)**

*Upon receipt from your local law enforcement agency, this form is to be retained in the employee's personnel file.*



# 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 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
Section 827.071	sexual performance by a child

**CONTINUED ON NEXT PAGE**

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 MENTAL HEALTH 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., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below**

	<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 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

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 \_\_\_\_\_ 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: \_\_\_\_\_



**PUBLIC ENTITY CRIMES AFFIDAVIT**

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES

*This form must be signed in the presence of a notary public or other official authorized to administer oaths.*

STATE OF FLORIDA  
COUNTY OF MANATEE

Before me, the undersigned authority, personally appeared: \_\_\_\_\_ . Who, being by me first  
duly sworn, made the following statement: (Name)

1. Manatee Children's Services is a vender of the Department of Health and Rehabilitative Services of the State of Florida.
2. The business address of Manatee Children's Services is 1227 9<sup>th</sup> Ave. West, Bradenton, FL 34205.
3. I serve as \_\_\_\_\_ for (of) Manatee Children's Services.  
(Job Title)
4. I have not been convicted of a public entity crime subsequent to July 1, 1989.
5. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes a violation of any state of federal law by a person with respect to and directly related to the transaction of business with any public entity in the Florida or with an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
6. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of a public entity crime with or without a adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me in the state and county first mentioned above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires



## 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 PRIVACY POLICY

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.



## 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

## DRUG TESTING CONSENT

I hereby authorize and give full permission to *Manatee Children's Services* and/or their third party screening company, physician or laboratory to send a specimen of my urine, hair and/or blood to a laboratory to test for the presence of illegal drugs and controlled substances taken in a manner not consistent with prescription use.

I understand *Manatee Children's Services* will use the results of such tests to make employment-related decisions regarding my employment with them or client customers, and I will release and hold harmless *Manatee Children's Services*, its owners, affiliates, management and its client customers and the testing facility and/or lab from any claims, charges or causes of action related to this testing and/or use of its results.

I authorize *Manatee Children's Services* to release drug and/or alcohol test results to any state or federal agencies, client companies, the Medical Review Officer, and any of *Manatee Children's Services* insurance carriers. I release and hold harmless *Manatee Children's Services* for any action(s) that may results from this release.

**I have read and understand this authorization. I have been informed that any questions I may have about the drug and/or alcohol test will be answered. In accordance with the Substance Abuse Policy of MANATEE CHILDREN'S SERVICES, I agree and authorize *Manatee Children's Services* to conduct any required drug testing as outlined above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Manatee Children's Services/Witness Signature

\_\_\_\_\_  
Date

## SUBSTANCE ABUSE POLICY

*Manatee Children's Services* is dedicated to maintaining a drug-free environment for our clients and employees. *Manatee Children's Services* in accordance with the law considers the use of illegal drugs to be a criminal activity. To that end, the following substance policy is in effect for all current and future employees of *Manatee Children's Services*.

### THE POLICY EXPRESSLY PROHIBITS:

- The use, possession, solicitation, sale or manufacture of illegal drugs, controlled substances, alcohol and/or prescription medication used in a manner inconsistent with the prescription while on company or client premises or while performing company business.
- Being impaired or under the influence of legal or illegal drugs or alcohol on company or client premises or while performing company functions. When an employee experiences side effects from prescribed medication that may impair his/her ability to perform his/her job safely and properly, it is the responsibility of the employee to notify *Manatee Children's Services*. For the purpose of this policy, testing positive on a drug test or testing .04 bac or higher on an alcohol test will be considered prima facie proof of "being impaired or under the influence".
- A felony charge for possession, use solicitation for or sale of legal or illegal drugs, alcohol or prescription drugs must be reported to *Manatee Children's Services* Management. Aforementioned charges will subject the employee to disciplinary action up to and including discharge.

**Any employee violating any of the above is subject to disciplinary action up to and including discharge for the first offense.**

### MANATEE CHILDREN'S SERVICES WILL DRUG TEST FOR THE FOLLOWING:

- **Employment Decisions** - New applicants of *Manatee Children's Services* will be required to take a drug test in order to be eligible for employment. Any new applicant who refuses to submit to a pre-employment drug screening will be deemed ineligible for Hire with *Manatee Children's Services*. Any Employee who refuses to submit to a drug and/or alcohol test under the terms of this policy will be terminated.
- **Work Place Accidents/Incidents** -Any employee of *Manatee Children's Services* will be required to submit to a drug test if he or she is involved in a work place incident which results in injury or illness to the employee or any other person, or in instances of property damage estimated to be \$500 or more. All employees of *Manatee Children's Services* have an obligation to report any workplace injury, regardless of how minor they appear. If either the employee or the Company determines that medical attention/care is necessary, then the employee will be required to undergo a post-accident drug test. In accordance with appropriate Workers' Compensations Laws in the states within which we operate, insurance coverage for the injustice may be denied if the results of such tests are positive for illegal drugs, alcohol and/or illegally used prescription medications.

- **For Cause/Reasonable Suspicion** -When an employee exhibits behavior which is consistent with obvious physical evidence of impairment, drug and/or alcohol testing may be utilized. The evidence will be documented, and the employee will be removed from the job site pending the results of the aforementioned tests. Continuation of employment will be considered on a case-by-case basis, with a final decision to be made by the Executive Director.
- **Random Selection** -*Manatee Children's Services* reserves the right to randomly select employees for testing. Prior to initiating random selection testing, *Manatee Children's Services* will announce the terms and conditions to the affected employee and/or groups of employees and a 60 day notice will be given. Signature to this form constitutes notice for random testing.

Results of all drug and/or alcohol tests will be treated confidentially within the scope of what is outlined in this Authorization and Consent form. Employees of *Manatee Children's Services* who test positive or come forward with substance and/or alcohol-related problems may request referral to local public agencies that provide rehabilitation and counseling services. The financial obligation of these aforementioned services will remain the responsibility of the employee, and not *Manatee Children's Services*, except within the normal coverage under an existing insurance plan.

**I have read and understand the Substance Abuse Policy of *Manatee Children's Services*. If employed by *Manatee Children's Services*, I will abide by this policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Manatee Children's Services/Witness Signature

\_\_\_\_\_  
Date

# Tuberculosis Screening

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Have you spent two or more months in the past 5 years in Africa, Asia, Central or South America, or Eastern Europe?  No  Yes If **YES**, list countries: \_\_\_\_\_

2. Have you been diagnosed with a chronic condition that may impair your immune system?  No  Yes

If **YES**, check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chronic steroid use                     | <input type="checkbox"/> Gastrectomy/intestinal bypass   | <input type="checkbox"/> Diabetes mellitus               |
| <input type="checkbox"/> HIV infection                           | <input type="checkbox"/> Crohn's disease                 | <input type="checkbox"/> Dialysis/Renal failure          |
| <input type="checkbox"/> Cancer of the head or neck              | <input type="checkbox"/> Rheumatoid arthritis            | <input type="checkbox"/> Chronic malabsorption syndromes |
| <input type="checkbox"/> Silicosis                               | <input type="checkbox"/> Use of TNF- $\alpha$ antagonist | <input type="checkbox"/> Low body weight (10% or more)   |
| <input type="checkbox"/> Leukemia, lymphoma or Hodgkin's disease | <input type="checkbox"/> Other _____                     |  |

3. Have you ever resided, worked or volunteered in any of the following facilities?  No  Yes

If **YES**, check all that apply:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Prison           | <input type="checkbox"/> Hospital                               | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Other long-term treatment center _____ |                                       |

4. Do you have any of the following symptoms?  No  Yes

If **YES**, check all that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Cough $\geq$ 3 weeks                     | <input type="checkbox"/> Unexplained fever       | <input type="checkbox"/> Chest pain                                   | <input type="checkbox"/> Chills           |
| <input type="checkbox"/> Productive cough (coughing up something) | <input type="checkbox"/> Night sweats            | <input type="checkbox"/> Respiratory difficulty (shortness of breath) | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Coughing up blood                        | <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Fatigue                                      | <input type="checkbox"/> Weakness         |

5. Have you ever had contact with a person known to have active tuberculosis?  No  Yes

6. Have you ever used injection drugs?  No  Yes

7. Have you had a tuberculin skin test (PPD) before?  No  Yes

If **YES**, where? \_\_\_\_\_ date \_\_\_\_\_

If you answered **YES** to any question 1 through 6, a PPD skin test must have been administered within the past 12 months. If you have **NOT** had a PPD skin test within the past 12 months and answered **YES** to any of the above questions, a PPD test will be required prior to employment.

**PER COMPANY POLICY: A PPD skin test is required for direct service positions even if you answered NO to any of the above questions.**

The above information is true and complete to the best of my knowledge. I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## MANATEE CHILDREN'S SERVICES POLICY MANUAL

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**Series:** Quality of the Service Environment  
**Policy Name:** Contagious and Infectious Diseases  
**Policy Number:** G5.8  
**Origination Date:** 03/18/06 **Revision Date:**  
**Attachment(s):**

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**POLICY:** The organization will maintain infection control protocols that meet Federal and State regulations. Such protocols will address appropriate training and safeguards to minimize the risk of exposure to TB. Documented verification of testing and results will be filed accordingly.

**In accordance with the above policy, new employees must be tested before beginning employment. This testing is done at the employee's expense and can be performed at their personal physicians or at the Manatee County Health Department. Documentation with the results must be turned into Manatee Children's Services' Human Resources Department.**

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Signature of Employee

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Date

**AUTHORIZATION BY APPLICANT/EMPLOYEE  
TO OBTAIN DRIVING RECORDS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_

*Manatee Children's Services  
1227 9<sup>th</sup> Avenue West  
Bradenton, FL 34205*

*Dear Manatee Children's Services,*

*Consumer Reports may be obtained as part of Manatee Children's Services, Inc.'s evaluation of my job application/employment. The report may be procured by Bouchard Insurance and Manatee Children's Services, Inc., and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.*

*Sincerely,*

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Printed Name of Applicant/Employee

*Please attach a copy of the applicant/employee's license to this form.*

# Employee Data Form

Select reasons for completing this form and then complete the fields in the sections indicated (check all that apply).

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Hire (A, B, C, D, E)    | <input type="checkbox"/> Address/Phone (B, E)     | <input type="checkbox"/> Vehicle Information (C, E)    |
| <input type="checkbox"/> Name Change (A, E)          | <input type="checkbox"/> Emergency Contact (D, E) | <input type="checkbox"/> License/Auto Insurance (C, E) |
| <input type="checkbox"/> Personal Information (A, E) |   |  |

## A. Personal Information

Name (last, first, middle)		Preferred first name	If name change, former name	
Social Security number	Date of birth	Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes	Marital status (opt)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic origin (opt)* <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)		

## B. Address Information

Address		City	State	Zip
Home Phone	Cell phone	E-mail		

## C. Vehicle Information

Vehicle Make	Model	Year	Color	Vehicle tag number
Driver's license number			State issued	License expiration date
Auto insurance provider	Policy number	Our insurance company and funders require the agency to have current insurance cards for employees.		

## D. Emergency Contacts

Last name, First name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last name, First name	Relationship	Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Physician	City	State	Phone

## E. Approval

Print Name	Department
Signature	Date

\*The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT**

WHEREAS, \_\_\_\_\_ (INDIVIDUAL) acknowledges that during its relationship with MANATEE CHILDREN'S SERVICES will become aware of certain information relevant to MCS's business operations and that this information is of a confidential nature, and in the event INDIVIDUAL was to disclose such information to third parties, MCS would suffer substantial damage, Now, therefore in consideration of MCS's employment of INDIVIDUAL, and for other good and valuable consideration, receipt of which is hereby acknowledge by the parties, the parties agree to the following terms and conditions:

1. INDIVIDUAL agrees that during and after its association with MCS it shall not:
  - a. Attempt to hire any employee of MCS for a period of five (5) years following the termination of MCS, whether termination is voluntary or involuntary:
  - b. Disclose MCS's list of customers, clients, or contacts to any person, firm, corporation, association, or other entity for any reason or purpose whatsoever, since this is valuable, special, and unique asset:
  - c. Disclose instructions regarding MCS's general business procedures, methods, techniques, processes, personnel and agency information (including compensation and benefit information), ideas, inventions, discoveries, trade secrets, marketing plans, or financial information, together with all or some corporate plans or thinking concerning the development of any or all such matters (collectively, "Proprietary Information").

*All records and reports of the child protection team are confidential and exempt from the provisions of ss.119.07 (1) and 455.241, and shall not be disclosed, except, upon request, to the state attorney, law enforcement, the department, and necessary professionals, in furtherance of the treatment or additional evaluative needs of the child or by order of the court. This exemption is subjected to the Open Government Sunset Review Act in accordance with s.119.14.*

2. INDIVIDUAL acknowledges that all of the above information is to be used solely for the purpose of promoting the business of MCS, and agrees that upon the termination of its association with MCS, INDIVIDUAL shall return all documents, records, notebooks, and similar repositories containing confidential information, including copies thereof, immediately to MCS.
3. INDIVIDUAL and MCS recognize that in the event of a breach of this Confidentiality/Non-Disclosure Agreement, the extent of damages suffered by MCS would be impossible to ascertain and that no remedy at law will be adequate to compensate MCS. Consequently, INDIVIDUAL agrees that in addition to another relief which MCS may be entitled, MCS shall be entitled to enforce this agreement by injunctive relief or any other equitable remedy ordered by a court of competent jurisdiction and INDIVIDUAL agrees to waive the necessity of MCS posting an injunction bond, and any claims it may have against MCS for any injuries damages, including consequential damages arising from the issuance of such injunction, and further waives its rights to a jury trial, if any.
4. INDIVIDUAL hereby agrees to indemnify and hold MCS and/or any officers or employees of MCS harmless from and against any and all losses, claims, damages, or expenses, including, without limiting the generality of the foregoing, attorney's fees, arising from or growing out of INDIVIDUAL's breach or threatened breach of this Confidentiality/Non-Disclosure Agreement.
5. INDIVIDUAL acknowledges that INDIVIDUAL has entered into this Agreement freely after full disclosure, fully intending to be bound by specific terms of this agreement not to disclose. The parties agree that this Confidentiality/Non-Disclosure Agreement shall survive the termination of any relationship between the parties.
6. No change or modification of the terms of this Agreement shall be valid unless the same is in writing and signed by both parties hereto

IN WITNESS WHEREOF, the parties have executed this Agreement on the date and year so indicated below.

INDIVIDUAL:

MANATEE CHILDREN'S SERVICES:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

## Transportation of Clients

As per section G5.3 of the Manatee Children's Services Policy and Procedures Manual, I, \_\_\_\_\_, understand that if my job role requires the transportation of clients **in my own vehicle**, I must first obtain written approval from my supervisor; I will submit a copy of appropriate insurance coverage and submit documentation by a certified inspector that verifies my vehicle's safety. Both will be renewed annually and forwarded to the HR Department for my personnel file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as supervisor, give my permission for \_\_\_\_\_ to transport clients in his/her vehicle. I have received a current copy of his/her insurance and a copy of the vehicle safety inspection report.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEFINITIONS & REPORTING PROCEDURES  
FOR CHILD ABUSE/NEGLECT**

**Legal Reference    DEFINITIONS**

415.503            Child abuse or neglect means harm or threatened harm to a child's physical or mental health.  
and

415.504

**HARM**

- inflicts or allows to be inflicted, upon the child, physical or mental injury
- commits or allows to be committed, sexual battery
- exploits a child
- fails to provide the child with supervision

**MENTALY INJURY**

- injury to intellectual or psychological capacity as evidenced by a discernible and substantial impairment in child's ability to function within normal range of performance and behavior

**PHYSICAL INJURY**

- permanent or temporary disfigurement or impairment of any bodily part

**SEXUAL ABUSE**

- vaginal/anal penetration
- oral (with) genital/anal contact
- genital/anal intrusion by a person or object
- intentional touching of genital, breast, groin, thigh, buttock area or clothing covering them
- intentional masturbation in child's presence
- allowing, encouraging or forcing a child to solicit or engage in prostitution or engage in sexual performance

10M-9.030

**PROHIBITED DISCIPLINE** – (not abuse per se, but potentially abusive)

- use of any physical punishment inflicted in any manner on the body
- ridicule, intimidation or otherwise verbal abuse
- use of chemical (tranquilizing) or mechanical restraints, unless prescribed by a physician, to control the behavior of a child
- employ any cruel or humiliating treatment or other emotionally abusive behavior
- assign excessive exercise or work duties inappropriate to the child's age or development deny food, clothing, shelter, medical care of prescribed therapeutic activities or contact with family, counselors or legal representative as a form of punishment

**Legal Reference    REPORTING**

10M-9.026 (3)

**OBLIGATION TO REPORT** - All observed or suspected cases of child abuse and/or neglect shall be reported immediately as follows:

- To the Director of the facility (or designate) and immediately by the Director (or designate) to HRS as follows:
  - 1) Abuse Registry Hotline  
1-800-962-2873
  - 2) Local Single Intake (M-F, 8am-5pm)  
746-4999
  - 3) Local Single Intake (after hours/weekends)  
708-6273 – Bradenton Police  
747-3011 – Manatee County Sheriff

415.504 (2-b) **PROCEDURE** - Each report shall be confirmed in writing to the local office of HRS within 48 hours of the initial report.

514.505 (a,b,f) **INVESTIGATING PROCEDURES** - Reports shall be received and investigated 24 hours day, 7 days a week.

- On site child protective investigation shall determine indication of abuse or neglect; long-term risk; treatment and ameliorative services to safeguard and ensure child's wellbeing.
- No longer than 30 days after receiving the initial-report, the local office of the department shall complete its investigation; determine whether reported abuse was **INDICATED** or **UNFOUNDED** and report findings to the abuse registry.

415.153 **FAILURE TO REPORT** - Penalties for failing to report or preventing another person from reporting or disclosing confidential information relating to a case of child abuse or neglect:

- Any person required by s.415.504 to report known or suspected child abuse or neglect, who knowingly and willingly prevents another person from doing so, is guilty of a misdemeanor of the second degree, punishable as provided in S.775.082, S.775.082 or S.775.084.
- Any person who knowing and willfully makes public or discloses any confidential information contained in the abuse registry or in the records of any child abuse or neglect of a misdemeanor of the second degree, punishable as provided in S.775.082 or S.775.084.

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I hereby affirm that I have read and agree to conform to the foregoing in all my contacts or relationships with resident clients/children and staff of Manatee Children's Services.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Deaf and Hard-of-Hearing Training

## Attestation Form

To support effective communications for customers or companions of the Department of Children and Families (DCF) who are deaf and hard-of-hearing every provider and subcontractor employee is required to know or be familiar with the following:

- Name, contact information, and role and responsibility for your DCF Contract Agency Single Point of Contact.
- Name, contact information, and role and responsibility for the DCF ADA/504 Coordinator,
- Requirements of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.794, as implemented by C.F.R. Part 84, the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35, and the Children and Families Operating Procedure (CFOP) 60-10, Chapter 4 entitled “Auxiliary Aids and Services for the Deaf and Hard of Hearing.

### Contact Information and Roles and Responsibilities

My Single Point of Contact at my location is:

Provider/ Subcontractor	Single Point of Contact	Phone	Email
Manatee Children's Services, Inc.	Gigi Kelly	(941) 345-1200 ext. 136	GigiK@mcsfl.com

This Single Point of Contact’s responsibility is to:

1. Ensure effective communication with deaf and hard of hearing Customers or Companions in accordance with the ADA and/or Section 504.
2. Capture the information required in the Auxiliary Aid Service Record described in Section G.8 within each Customer’s case record.
3. Summarize the records into a report and submit to the DCF Contract Manager who will forward to the appropriate DCF ADA/Section 504 Coordinator.
4. Ensure that information is provided to any agency to which a deaf and hard of hearing Customer or Companion is referred about the disabled person’s requested auxiliary aid or service.
5. Designate a Single Point of Contact as each contractual agreement with DCF is renewed.



## DCF ADA/SECTION 504 COORDINATORS

The ADA/504 Coordinator responsible for my activity is:

Location	Coordinator	Phone	Email
Headquarters	Brittany Gardener	(850) 717-4566	Brittany.Gardener@myflfamilies.com
Northwest	Lisa Stephany	(850) 717-4557	Lisa.Stephany@myflfamilies.com
FSH	Freeman Bishop III	(850) 717-4565	Freeman.Bishop@myflfamilies.com
Northeast	Dick Valentine	(904) 485-9682	Dick.Valentine@myflfamilies.com
Central	Richard Dicks, Jr.	(407) 317-7552	Richard.Dicks@myflfamilies.com
SunCoast	Romina Artaza	(727) 373-1758	Romina.Artaza@myflfamilies.com
Southeast	Heather DePetro	(561) 227-6723	Heather.DePetro@myflfamilies.com
Southern	Shenna Fluriach	(786) 257-5218	Shenna.Fluriach@myflfamilies.com

The ADA/504 Coordinator's responsibility is to:

1. Disseminate specific plans and procedures to fully implement this agreement.
2. Analyze data collection collected in the Auxiliary Aid and Service Record and implement any corrective action plan, if warranted.
3. Answer questions and provide appropriate Technical Assistance regarding immediate access to and proper use of appropriate auxiliary aids and services.
4. Identify, develop and coordinate the distribution of qualified sign language and/or oral interpreters for the Direct Service Facilities.
5. Keep abreast of new technology and resources for ensuring effective communication with deaf and hard of hearing persons.
6. Submit a report describing the method for capturing all information required in the Customer Communication Template and Auxiliary Aid and Service Record.
7. Communicate with each Single Point of Contact concerning services to deaf and hard of hearing Customers or Companions.

I, \_\_\_\_\_, attest to the following:

1. I received the names, contact information, and Roles and Responsibilities for the Contract Agency Single Point of Contact and the DCF ADA/504 Coordinator.
2. I understand that I will contact the Contract Agency Single Point of Contact, within my office, regarding assistance with the delivery of services to deaf and hard of hearing customers.
3. I am familiar with the requirements of Section 504, the ADA, and the CFOP 60-10, Chapter 4, entitled, Auxiliary Aids and Services for the Deaf and Hard of Hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This document will be maintained in the personnel file.

## Foster Care Disclosure

In compliance with our contract with the Sarasota Family YMCA and the State of Florida, it is the policy of Manatee Children's Services to ensure our staff and/or their family or household members do not have a conflict with our contract related to Foster Care.

Check the item that applies and note details of any involvement below.

\_\_\_\_\_ **NO**, I am not involved with any foster care arrangements or have other involvements with a child welfare case(s) regarding myself or my family members. *(Family members include any relative by blood or marriage, including but not limited to: spouse, parents, step-parents, siblings, children, in-laws, aunts and uncles, household members etc.)*

\_\_\_\_\_ **YES**, I am involved with foster care arrangements or have other involvements with a child welfare case(s) regarding myself or my family members. *(Family members include any relative by blood or marriage, including but not limited to: spouse, parents, step-parents, siblings, children, in-laws, aunts and uncles, household members etc.)*

If Yes, list all situations that may apply:

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*(Each individual situation disclosed will be reviewed on a case by case basis to determine if a conflict exists and what steps will be taken to avoid a conflict or perceived conflict with our state contract.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Job Title

## Acknowledgment and Receipt of Employee Handbook

I have received my copy of the Employee Handbook. The employee handbook describes important information about Manatee Children's Services, Inc. (MCS), and I understand that I should consult Human Resources regarding any questions not answered in the handbook.

This manual and the policies and procedures contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of employment with MCS. By distributing this handbook (**Revised Version 7/10**), MSC expressly revokes any and all previous policies and procedures which are inconsistent with those contained herein.

I understand and agree that nothing in the Employee Handbook creates, or is intended to create, a promise or representation of continued employment and that employment at MCS is employment at-will. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand and agree that employment and compensation may be terminated with or without cause and with or without notice at any time by MCS or myself.

I understand that, except for employment at-will status, any and all policies and practices may be changed at any time by MCS, and the company reserves the right to change my hours, wages and working conditions at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*This form will be kept on file in the employee's personnel records.*



MANATEE  
CHILDREN'S  
SERVICES



# EMPLOYEE HANDBOOK

**REVISED 07/10**

## Preface

Welcome to Manatee Children's Services, Inc. We are a private, non-profit corporation. MCS is governed by the Board of Directors whose by-laws are available from the office of the Chief Executive Officer.

The Board of Directors has developed policies to clarify conditions of employment and relationship of staff, Chief Executive Officer and the Board of Directors. A copy of these policies, plus any subsequent revisions will be given to the supervisors of each program.

Adopted by the Board of Directors on March 30, 2000.  
Revised effective July, 2010

The contents of this handbook summarize present MCS, Inc. programs and policies; and are intended as guidelines only. The employees should be aware that policies and programs maybe amended at any time and that depending upon the particular circumstances of a given situation, the Agency's actions may vary from written policy. As such, the contents of this handbook and the agency's policies DO NOT CONSTITUTE THE TERMS OF A CONTRACT OF EMPLOYMENT. Nothing contained in this handbook should be construed as a guarantee of continued employment, but rather employment with the Agency is an at will basis. This means either the employee or the Agency for any reason not expressly prohibited by law may terminate the employment relationship at any time. Any written or oral statement to the contrary by a supervisor or agent of the Agency is invalid and should not be relied upon by any prospective or existing employee.

The Chief Executive Officer of MCS, Inc has responsibility for administering policies that have been approved by the Board of Directors. To handle situations not covered in the policies the Chief Executive Officer may take problem-solving action with Board Approval, keeping the Board of Directors and/or Personnel Committee informed.

If you have any questions concerning these policies and procedures, please see your Chief Executive Officer.

Thank you for joining us.

**President, Board of Directors**

## **Agency Philosophy**

In carrying out its responsibilities, Manatee Children's Services is guided by the desire to use the resources of its community, its staff, Board of Directors and volunteers to provide the highest quality services relating to the issue of child abuse as permitted by its financial resources. In reaching decisions, the agency and its representatives will attempt in every case to act in the best interests of its clients.

## **Agency Mission**

"To advocate for and provide the resources, skills, and shelter to alleviate abuse through prevention and intervention for all children and their families."

## **Authority and Application**

It is the intent of the Board of Directors that the policies be consistent with applicable federal and state laws, rules and regulations. Should these policies be in conflict with statute, statute shall take precedence. Additionally, it is the intent of the Board of Directors that full authority for administering these policies be delegated to the Chief Executive Officer. The Chief Executive Officer may, in turn, delegate this responsibility to a member(s) of his/her staff. Such delegation must be in writing.

The Policies and Procedures are not, however, intended to state all of the terms and conditions of employment, but to provide useful information on the policies and benefits most likely to be a concern to you. These policies may be modified or supplemented as part of the continuous effort to improve services to our clients and improve working conditions for all employees.

## **Scope**

The Policies and Procedures apply to all paid employees of the Agency, and some students and volunteers. Manatee Children's Services (MCS) maintains all current policies and procedures applicable to employees and the operations of the organization on the primary server accessible to all employees.

It is the responsibility of every employee to be familiar with the organizational policies and procedures. If you have questions pertaining to them, please ask your supervisor. Your supervisor can provide clarification and direction.

Policies and procedures are living documents and as such will change as new or revised regulations, laws, contractual requirements, and best practices are determined. When changes occur, employees will be notified and it will be your responsibility to review the revised policy and procedure. Supervisors will review relevant policy and procedure changes during staff meetings and supervision.

- Harassment
- Safety
- Financial Management
- Smoking, Drugs and Alcohol
- Incident Reporting
- Confidentiality
- Client Rights
- Workers' Compensation

### Job Descriptions

Each employee has a job description and a current copy is provided at hire, change in description, or change in position. Job descriptions are intended to describe the essential functions of the position. In addition to detailing the essential functions of the job, the job descriptions also identify the minimal qualifications for each position, and are used for recruitment, compensation and other personnel practices.

### Definition of Terms

Following are some terms that are commonly referenced at the agency; we have provided clarification on our intent.

Appointment	The offer of a position by the CEO or Immediate Supervisor and acceptance by a person of the position on either a full-time or part-time basis.
Agency	Manatee Children's Services
Calendar Year	The end of calendar year will be the ending day of the last full pay period in December. The beginning of the calendar year will be the beginning day of the next pay period.
Compensation	The standard rates of pay which has been established for the respective classes of work.
Continuous Employment	Employment, which is uninterrupted except for authorized leaves of absence, suspension or separation due to reduction in work force.
Demotion	Assignment of an employee from one class to another, which has lower rate of pay.
Disability	An impairment, which substantially limits the employee in a major life activity.
Dismissal	Separation from employment
Full-Time	Appointment to a position that requires employees to work the full amount of hours scheduled for employees of the unit.

Sick Leave	Absence from work with pay because of illness of employee or immediate family, based on the decision of the CEO.
Temporary Employee	An employee appointed for a special project to be completed within a specified time period at the end of which the employee's position will be terminated. An appointment will not exceed a six-month period unless specified by the grant or CEO.
Transfer	That action in which the employee moves from one budgeted position to another with no change in the pay range.
Vacation Leave	Absence from work with pay based on time earned.
Work Day	Scheduled number of hours an employee is required to work per day.



## Acknowledgment and Receipt of the Policies & Procedures

I have received my copy of Manatee Children's Services' (MCS) Policies and Procedures. I understand that I should consult Human Resources regarding any questions I may have regarding the policies and procedures of MCS.

The policies and procedures contained herein supersede any and all prior practices, oral or written representations. By distributing the **2010** revised version, MSC expressly revokes any and all previous policies and procedures which are inconsistent with those contained herein.

I understand that, any and all policies and procedures may be changed at any time by MCS and I understand that revised information may supersede, modify, or eliminate existing policies.

I understand that it is my responsibility to read and comply with the policies and procedures and any revisions made to it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*This form will be kept on file in the employee's personnel records.*