



Required Logs & Documents:

FSS Contact/Sign-out Log:

Instructions for completing:

- Enter your name and the date the log begins.
- Have **every visitor** sign the log. They must identify the date/time of their visit, their name, title, phone number, purpose of contact, and name of the youth visited. If a worker signs out a youth, the date/time of return must be filled in. If you are not clear about the identity/role of a worker, you should ask to see official photo identification from their agency. If you are still uncertain, ask for their supervisor's name & phone number so you can follow up. Every visitor, such as:
 - Child Protection Investigators (CPI)
 - Police Officers
 - Family Service Counselors (FSC)
 - Targeted Case Managers (TCM)
 - Therapists
 - Independent Living Counselors
 - Juvenile Justice Officers
 - Developmental Services Case Managers
 - Visiting Nurses
 - Drivers (**ALWAYS** ask to see Agency identification before transport, if unfamiliar with transporter)
 - Licensing Counselors
 - Youth's visiting family members
- If a family member of a foster youth asks to visit, make sure that you have authorization from the FSC prior to allowing the visit. You should have a written list from the FSC of all family members authorized to have contact with the youth. All family members must sign in on the Contact/Sign Out Log when visiting.
- Friends of a foster youth **do not** need to sign the log. If you have any concerns regarding the youth's friends visiting your home, you should discuss these concerns with the FSC.
- If you have too many visitors for one form, start a new form. Just make sure there is no gap between the end date of one log and the start date of the next log for the month.
- Sign the log when it is completed. Fill in the end date of the log (this is either the date of the last entry or the last day of the month if it is not completely full).
- It is your responsibility to ensure that your Licensing Counselor collects all the Contact/Sign Out Logs during your quarterly home visit. Your Licensing Counselor will sign and date each log upon receipt.
- Any questions about the log should be addressed with your Licensing Counselor and/or the youth's FSC, TCM, or Therapist.
- In the event you run out of blank Contact/Sign Out Logs between Quarterly Home Visits, contact your Licensing Counselor for extra.



Foster Home Contact/Sign Out Log

IN CASE OF EMERGENCY AFTER OFFICE HOURS (M-F 8:30am to 4:30pm) AND HOLIDAYS PLEASE CALL ***KIDS CENTRAL 904-265-6804***

Foster Parent Name: Your name here -Carin Home

Start Day of Log: Current month-9/16

**ONLY WHEN
TRANSPORTING YOUTH**

		PERSON VISITING FOSTER HOME AND/OR YOUTH			PURPOSE OF CONTACT (i.e. routine, transport, youth visit w/family, support specialist visit, etc.)	NAME OF YOUTH	RETURN		Meds sent/returned
DATE	TIME	NAME OF VISITOR	Title/Relationship	PHONE #			Date	Time	Check or N/A
9/1/16	4:30pm	Joe Schmo	FSC-Daniel	123-4567	Home Visit	Youth Smith			
9/2/16	6:00pm	Trans Porter	Daniel	987-6543	Transport	Youth Smith	9/2/16	8:00pm	✓

*All agency contacts/visitors are required to sign in the contact/sign out log. Persons transporting youth must sign youth in upon return. Agency staff should be prepared to show agency ID.
*****BE SURE THAT ALL INFORMATION IS FILLED IN AND THAT IS IT LEGIBLE******

 Sign your name upon document pick-up
Foster Parent(s) Signature

 date of pick-up
End Date of Log

 Licensing Counselor will sign here upon pick-up
Signature of Staff Receiving Log

 LC will date at pick-up
Date Log Received



Foster Home Contact/Sign Out Log

IN CASE OF EMERGENCY AFTER OFFICE HOURS (M-F 8:30am to 4:30pm) AND HOLIDAYS PLEASE CALL ***KIDS CENTRAL 904-265-6804***

Foster Parent Name: _____

Start Day of Log: _____

**ONLY WHEN
TRANSPORTING YOUTH**

		PERSON VISITING FOSTER HOME AND/OR YOUTH			PURPOSE OF CONTACT (i.e. routine, transport, youth visit w/family, support specialist visit, etc.)	NAME OF YOUTH	RETURN		Meds sent/returned
DATE	TIME	NAME OF VISITOR	Title/Relationship	PHONE #			Date	Time	Check or N/A

*All agency contacts/visitors are required to sign in the contact/sign out log. Persons transporting youth must sign youth in upon return. Agency staff should be prepared to show agency ID.
*****BE SURE THAT ALL INFORMATION IS FILLED IN AND THAT IS IT LEGIBLE******

Foster Parent(s) Signature

End Date of Log

Signature of Staff Receiving Log

Date Log Received



Prescription Medication Log:

Instructions for completing:

- Enter the month and year, the youth's name and your last name. In the blank space that says "Foster Parent Giving Medication", the foster parent who administers medications to youth should write their name and initials. The name of the prescribing physician should be given. This may be a psychiatrist or another type of doctor. The list of medications should include name of medication, dosage, and administration information.
- Complete the section of the log for daily administration of medications as follows:
 - Write the name of the medication, dosage of the medication, and time administered. (For example: Prozac, 20mg, 9PM. **Do not** put "at bedtime" or "in the morning" – put an actual time.)
 - Each day of the month should be entered if the youth is still in the home.
 - Use your initials if you administered the medication.
 - If a youth is refusing medication, use the code "R" for every day refused. Contact FSC, Physician, TCM, and/or Therapist immediately to inform them of the youth's refusal.
 - Any situation for which there is not a code should be addressed in the comment section of the log. The back of the form can be used for additional space.
 - Medication can only be discontinued with a Physician's authorization.
 - Omitted or missed doses should be explained on the log.
 - If a youth on medication goes on a home visit, the required number of pills should accompany them. Upon return, you should clarify with whomever is returning them if medication was administered. **Do not** send the Medication Log with the youth on a visit.
 - Any situation such as giving the wrong dosage or the wrong medication to a youth should be addressed as an emergency by calling the physician, a pharmacist, or poison control to ensure that the youth is safe.
 - If the youth appears to be having a reaction, seek emergency medical treatment immediately.
 - Once the youth is safe, you should call FSS placement to inform staff of the incident and ask that an Incident Report be written.
- The section for medication disposal should be completed if medications have been discontinued by the physician.
- The section for forwarding medications should be filled in if the youth moves to another home. **Do not** send the log with the youth; the new foster parent(s) will begin a log for the youth while they are in their home.
- Sign and date the log at the end of the month. FSC will collect this log on their home visits and sign/date upon receipt.
- Any questions about the log should be addressed to the youth's FSC, TCM, or Therapist. Contact your Licensing Counselor should any additional forms be needed.



PRESCRIPTION MEDICATION LOG

Month/Year: Current month and year-9/16 **Client Name:** Child's name here-Youth Smith **Foster Home:** Your name here-Carin Home

Foster Parent Giving Medication (Name & Initials): Your name here-Carin Home/ CH **Prescribing Physician:** Doctor's name-Dr. Love

List of Medications: Adderall **Dosage:** 20 MG **List of Medications:** _____ **Dosage:** _____
Elavil 50=2/25 MG _____ _____

Med/Dose:	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																																
Adderall	7:30am	-	-	-	-	CH	CH	CH	CH	CH	CH																					
Midday																																
Evening																																
Elavil-50mg	9:00pm	-	-	-	-	CH	CH	CH	CH	CH	CH																					

CODES: S – School Dose H – Hospital V – Out of Home Visit O – Omit Dose M – Missed Dose DC – Discontinued R - Refused

Youth Left Placement (date): _____ Meds Supplied To: _____ Amount: _____ Date Supplied: _____
 Foster Parent Signature: _____

Medication Disposed: _____ Amount: _____ Initials: _____

Additional Comments: _____

Sign your name here upon pick-up
 Foster Parents Signature

date of pick-up
 Date

FSC signs here upon pick-up at home visit
 Signature of Staff Receiving Log

date of pick-up
 Date



Over the Counter Medication Log:

Instructions for completing:

- Fill out the month and year in which the over the counter medication(s) were given.
- Fill out the name of the youth receiving the over the counter medication(s).
- The foster parent administering the over the counter medication(s) should write their first and last name and initials.
- When the over the counter medication(s) are administered, write the date and time medications were given, as well as the name of the medication and the dosage. Enter initials.
- Turn the log in to the youth's FSC at the next home visit. The log should be signed and dated by foster parent on the last day of the month in which over the counter med. was administered.
- The FSC will sign and date upon receipt.
- Contact Licensing Counselor should more forms be needed.
- Any questions about the Over the Counter Medication Log and/or over the counter medication(s), in general, should be addressed to the youth's physician, FSC, TCM, and/or Therapist.



Clothing/Personal Articles Inventory:

Youth's Name: _____

Date: _____

Home: _____

Intake

Discharge

Winter

Spring

# of items	Type of Articles	Size	Condition:		
			Good	Fair	Poor
	Casual Pants				
	Jeans				
	Suit				
	Shorts				
	Sweat pants				
	Dress shirt				
	Casual shirt				
	Tee shirt				
	Long sleeve shirt				
	Sweater				
	Socks				
	Underwear				
	Belt				
	Tennis shoes				
	Casual shoes				
	Dress shoes				
	Bathing suit				
	Jacket/coat				
	Accessories: jewelry, watch, etc.				
	Other:				
	Bicycle				
	Radio/stereo				
	Gaming system				
	Games				
	Computer/software				
	Cell phone				
	Books				

Youth Signature

Date

Foster Parent Signature

Date

Continue on back of form if more room is needed. Only one copy provided in handbook, run copies before using.



Policies & Procedures:

Overpayment of Benefits for Children in Care – DCF Memo:

TO: ALL SUBSTITUTE CARE PROVIDERS
FROM: DISTRICT IV LICENSURE OFFICE, DEPARTMENT OF CHILDREN & FAMILIES
SUBJECT: OVERPAYMENT OF BENEFITS FOR CHILDREN IN CARE

This is to inform you that it is a violation of Florida Law for any person to knowingly accept or cash a state check for payment of services, which were not rendered. The following is a section from Florida Statute section 409.325 on fraud, which states:

ANY PERSON WHO KNOWINGLY CASHES, ATTEMPTS TO CASH OR AIDS IN THE CASHING OF AN UNEARNED PAYMENT IS GUILTY OF A CRIME AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

In the event that you receive a payment on behalf of a child for whom services were not rendered during the covered time period, you should immediately contact Family Support Services to resolve any problems with the payment. The invoice form, which accompanies your reimbursement check, will provide information regarding names of children and dates for which payment is being made. Please review this information to verify that the payment covers children who were in your home during the dates for which you are being reimbursed. If the problem is a result of inaccurate placement information, please contact the Agency.

Overpayments are normally recovered through a reduction in the amount of your next reimbursement check. If there are no children in your home, you will be asked to make a check payable to the Agency in the amount of the overpayment. A negotiated payment schedule for a period not to exceed twelve (12) months can be arranged if the overpayment amount is large and would result in a significant financial hardship.

We are requesting your assistance and cooperation to assure that all providers are reimbursed in a timely manner. Your signature on the bottom of this form acknowledges your receipt and understanding of this information. Failure to comply with these procedures may result in children not being placed in your home.

Foster/Shelter Parent Signature

Date

Foster/Shelter Parent Name (please print)

Foster/Shelter Parent Signature

Date

Foster/Shelter Parent Name (please print)

Signed copy on file with FSS.



ACKNOWLEDGEMENT OF FIREARMS SAFETY REQUIREMENTS

Florida Statute 790.174 (Safe storage of firearms required) states:

(1) A person who stores or leaves, on a premise under his or her control, a loaded firearm, as defined in s. [790.001](#), F.S., and who knows or reasonably should know that a minor is likely to gain access to the firearm without the lawful permission of the minor's parent or the person having charge of the minor, or without the supervision required by law, shall keep the firearm in a securely locked box or container or in a location which a reasonable person would believe to be secure or shall secure it with a trigger lock, except when the person is carrying the firearm on his or her body or within such close proximity thereto that he or she can retrieve and use it as easily and quickly as if he or she carried it on his or her body.

(2) It is a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#), F.S., if a person violates subsection (1) by failing to store or leave a firearm in the required manner and as a result thereof a minor gains access to the firearm, without the lawful permission of the minor's parent or the person having charge of the minor, and possesses or exhibits it, without the supervision required by law:

(a) In a public place; or

(b) In a rude, careless, angry, or threatening manner in violation of s. [790.10](#), F.S.

This subsection does not apply if the minor obtains the firearm as a result of an unlawful entry by any person.

(3) As used in this act, the term "minor" means any person under the age of 16.

I/We, _____,
acknowledge that I/we have read and understand this document.

Date

Caregiver/Adoptive Parent Signature

Caregiver/Adoptive Parent Signature

NOTE: This acknowledgement must be executed by all foster and adoptive parents during the home study process.



CONFIDENTIALITY AGREEMENT

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

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

Date

Signature

Date

Signature

This will acknowledge that I have received a copy of this document.

Date

Signature

Date

Signature



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., “Service Provider Personnel” and “Peer Specialists” screened pursuant to s. 397.407, F.S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

Relating to:

Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me by means of physical presence or online notarization
this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____