# Scholarship Programs Application/Renewal Instructions

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**IMPORTANT:** This instructional packet is an attempt to summarize important requirements related to the state scholarship programs. This is only a guide, and the provisions in law take precedence. Private school administrators are responsible for knowledge of and compliance with the requirements outlined in sections 1002.42, 1002.40, 1002.421, 1002.39, 1002.385, 1002.394, and 1002.395, Florida Statutes, as well as 6A-6.03315, 6A-6.0960, 6A-6.0961, and 6A-6.0970, Florida Administrative Code, as they relate to private schools participating in the State Scholarship Programs.

Revised 11/2019
Welcome to the instruction manual for private schools interested in participating in the state scholarship programs! If your private school is entering scholarship program participation for the first time, be advised that Department personnel will conduct a site visit and that beginning with the 2019-20 school year, a private school is not eligible to receive scholarship payments until a satisfactory site visit has been conducted.

All schools new to the scholarship programs should contact Scott Earley at scott.earley@fldoe.org. He will be your guide during the initial approval process and will also schedule the required site visit. If your school is renewing participation in the state scholarship programs, then your contact is listed on the Regional Managers map.

Annual Survey (Attachment A)

The Annual Survey is required by law to be submitted by all private schools and is a requirement for participation in the scholarship programs. The survey is completed online from the School Choice website (www.floridaschoolchoice.org) by signing in as a Private School Administrator. Once the form is submitted online, it must be printed, the affidavit signed and notarized, and both original documents mailed to the Office of Independent Education and Parental Choice.

NOTE: The Annual Survey for the current school year is used for the next school year’s compliance process. The Annual Survey is made available at (www.floridaschoolchoice.org) every September 1 through May 1. After May 1, only new private schools have access to complete the survey.

If you want to check your school’s Annual Survey status follow the instructions below:

1. Sign in with your school’s code and password.

2. Select the link labeled “View School Info” on the Quick Navigation bar located on the left-hand side of your computer screen.

3. The section labeled “Annual Survey” will list the date and time the survey was submitted online, as well as the date a hard copy of the survey was received in the mail.

4. If you have not yet submitted an Annual Survey either online or by mail, the spaces in each respective section will be blank.
To submit your school’s Annual Survey, follow the instructions below:

1. Sign in with your school’s code and password.

2. At the “Welcome” page, click on “Annual Private School Survey Form.”

3. When the form appears, some questions will be auto-populated with your school’s information. **Please review all auto-populated fields. Submit an Update Notification Form to correct the information, if necessary.**

   **Helpful Hint:** All questions denoted by an asterisk (*) **must** be answered. **Helpful Hint:** All parts of Sections 3, 4, and 5 **must** be filled in. Enter “0” if the question is not applicable for your school.

4. Click on “Review and Edit” when the form is completed. This will take you to the top of the form so you can review all your answers. When you get to the bottom of the form click on “Submit.” The information will be transmitted to the database at the Department of Education. Following the transmission, the form will reappear and an affidavit will be attached to the Annual Survey.

5. **Print** the document, have the Owner/Chief Administrative officer **sign** the affidavit, and have it **notarized**. The original affidavit and the Annual Survey are to be included in your compliance packet and mailed to:

   Office of Independent Education and Parental Choice
   325 West Gaines Street, Suite 1044
   Tallahassee, FL 32399-0400

   **Helpful Hint:** The Owner/Chief Administrator Officer must sign the Affidavit.

6. **REMEMBER:** Be sure to **retain a copy** of the completed package for your files.
Scholarship Compliance Form (Attachment B)

A new Scholarship Compliance Form (SCF) is made available online no later than December 1 of each year and must be filled out, printed, signed, notarized, and mailed in as part of the application/renewal process. To access the form go to the School Choice website (www.floridaschoolchoice.org) and follow the instructions below:

1. Sign in with your school’s code and password.

2. At the “Welcome” page, select “Scholarship Compliance Form.”

3. “Click to edit” each section of the Scholarship Compliance Form.

4. Click on “Continue” at the end of each section; the program will take you to the next section.

5. Click on “Finish” when ALL sections of the form are completed, and the information will be transmitted to the database at the Department of Education. **Helpful Hint:** The Scholarship Compliance Form you fill out online may not include all of the questions found on the sample Scholarship Compliance Form. Additional questions may appear depending on the answer(s) you give to certain questions. **Helpful Hint:** If a red “X” appears in the right hand margin the form is NOT complete; an answer is required for the adjacent question.

6. Print the document, have the director/principal sign the last page, and have it notarized. The original form is now ready to be included in the new/renewal school’s submission packet, and the entire packet is to be mailed to:

   Office of Independent Education and Parental Choice  
   325 West Gaines Street, Suite 1044  
   Tallahassee, FL 32399-0400

   **Helpful Hint:** Director/Principal (person listed on line 14 of the Annual Survey) must sign the Scholarship Compliance Form.
7. For renewing schools, the Compliance Form must be postmarked on or before March 1.

8. All new participating schools must submit a signed and notarized Scholarship Compliance Form no later than October 1 and all outstanding compliance issues are to be resolved by December 1. A School that fails to meet either of these deadlines may not participate in the scholarship program until the subsequent school year.

9. **REMEMBER:** Be sure to **retain a copy** of the completed packet for your files.

10. If any corrections are made to the form during the renewal process, a new original compliance form must be signed, notarized and submitted.
Required School Documentation for New, Full & Standard Renewal Schools

The following is a list and explanation of documentation to be included in the compliance packet for New scholarship program participants and Full Renewal participants. Standard Renewal schools must submit a Private School Inspection Report and Fire Code Inspection Report (see #s 2 and 4 below).

1. **FDLE VECHS Level 2 E-account Fingerprint Report**
   
   Each owner/chief administrative officer, all private school employees, and all contracted personnel are to submit their fingerprints to the Florida Department of Law Enforcement electronically via the Volunteer and Employee Criminal History System (VECHS) for a state and national background screening utilizing the entity’s FDLE VECHS E-account number. New and Full renewal schools should submit the above reports of the owner/CAO, each officer listed in Sunbiz, and the director to the School Choice Office as part of the compliance packet.

   **NOTE:** It is strongly recommended that employees with direct contact with scholarship students holding Florida Educator Certification resubmit their prints via VECHS (Livescan) as previous screening results pursuant to Section 1012.32, Florida Statutes are not provided directly to the participating private school. Results of any criminal offenses involving teachers holding Florida Educator Certification may or may not be shared by the district of certificate application to the Department of Education’s Office of Professional Practices and therefore may or may not be accessible through the Bureau of Educator Certification (BEC) screening tool.

   The screening results for employees and contracted personnel do not have to be submitted to the Department as part of the compliance packet; however, the results must be kept on file at the school’s physical location and copies made available upon request. The private school is responsible for reviewing the results and identifying employee disqualifications. Instructions for registering with VECHS and submitting electronic fingerprints are attached. ([Attachment C and D](#)).

   **NOTE:** Department of Children & Family (DCF) background results will not satisfy this requirement.

2. **Public/Private School Inspection Report** – Your county Health Department will conduct the necessary inspection of the school’s facility and provide the results on their DH 4160 form ([Attachment E](#)). Include a copy of this “Satisfactory” report in the New and Renewal school compliance packet. Additionally, the State Department of Health is now required to send private school inspection reports to the Department of Education.
Depending upon when the inspection is sent by the DOH, this may cause a delay in your school’s approval.

3. **Radon Testing Report** – This is a mandatory test for specific counties within the state. Please check the attached list ([Attachment F](#)) to see if you are in an exempt county. If your county is **not** listed, the radon test is required. The test can be accomplished in one of three ways:

   - The Department of Health might perform the test (especially in small counties);
   - An independent company specializing in environmental testing can be hired; or
   - Your school could purchase a “Radon Testing Kit” from your local home improvement store and conduct the test following the instructions provided in the kit.

   All results **must be recorded** on the 11/15 version of the Department of Health Form DH 1777([Attachment G](#)). If applicable to your county, include a copy of the DH 1777(and a copy of the test results page from the testing company) in the New Participant and in the Full Renewal compliance packet.

4. **Fire Code Inspection** – This inspection is conducted annually by your local Fire Department. There is no statewide fire inspection form, but the standards for the inspection are to be for an educational facility, private school, or life safety inspection as established by the State Fire Marshal’s office. Your school is required to submit a copy of a “Satisfactory” or “Violation Free” inspection with your compliance packet. The State Fire Marshal is now required to grant the Department of Education access to private school fire inspection reports. This is accomplished by your local fire inspector entering your school’s inspection information into a statewide database called the Online Reporting System. Depending upon when the inspector enters the inspection information, this may cause a delay in your school’s approval.

   **Helpful Hint:** A report from your school’s fire alarm and/or fire suppression system company is **NOT** acceptable. The school’s name and physical address must be on the fire inspection report, and the fire inspector must sign the report.

5. **Fiscal Soundness Documentation** – This requirement is only applicable if your school has been in operation with the State of Florida as a private school for **three school years or less**. As a general rule, the document should cover approximately $2,000 per expected scholarship student, but nevertheless, is to meet the requirements in section 1002.421(1)(f), Florida Statutes. There are two ways this requirement can be met:

   - An **original** surety bond (which can be obtained through an insurance company) signed by school ownership on the (Principal) line. ([Attachment H](#))
   - An **original** irrevocable letter of credit (issued by a bank or financial institution). ([Attachment I](#))

6. **Employee Ethical Standards of Conduct** – Florida law requires participating private schools to adopt policies establishing standards of ethical conduct for instructional personnel and school administrators. We have included an optional template for your individual use in developing your school’s standards of Ethical Conduct. ([Attachment J](#)) Include a copy of your school’s policy in your New and Full Renewal compliance packet. Additionally, if the school has a website, then at a minimum the reporting
misconduct section of the policy must be posted on the website.

**Helpful Hint for Attachment J:** This example may be used as a template; you may create your own ethics policy. However, private school standards of conduct must:

**(A)** Include a requirement for instructional personnel and school administrators to complete training on the standards;

**(B)** Establish the duty to report alleged misconduct by instructional personnel and school administrators which affects the health, safety, or welfare of a student;

**(C)** Establish the procedure to report alleged misconduct by instructional personnel and school administrators which affects the health, safety, or welfare of a student.

**(D)** Include an explanation of the liability protections provided under ss. 39.203 and 768.095.

7. **Ownership Documentation** – Item #1 above describes the fingerprint report requirement for owners/chief administrative officers of private schools. Private schools new to participation in state scholarship programs must also submit documentation to verify that the fingerprint report submitted is in fact for the school’s owner/chief administrative officer. Often, this requirement can be met by submitting a printed copy of your school’s information on the Florida Division of Corporations’ Sunbiz™ website: [www.sunbiz.org](http://www.sunbiz.org).

Additional information related to these requirements is posted on the School Choice website in the Compliance Resources section when you are logged in as a private school.

When **ALL** of the requested documentation is compiled please mail it to the address below:

Office of Independent Education and Parental Choice  
325 West Gaines Street, Suite 1044  
Tallahassee, FL 32399-0400

**REMEMBER TO KEEP A COPY OF YOUR COMPLETED COMPLIANCE PACKET FOR YOUR RECORDS**

If you have questions or need additional assistance, please contact your Regional Manager at (800) 447-1636. The Regional Manager assigned to your district is identified is located at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org).
McKay and Family Empowerment Scholarship

The two fee schedules that are necessary for participation in the McKay and Family Empowerment Scholarship programs are as follows:

- School Fee Schedule
- Student Fee Schedule

The **School Fee Schedule** is the fee schedule that the school provides to the Department of Education upon applying for participation in either of these two scholarship programs. A School Fee Schedule can include but is not limited to tuition, special education and related services, and associated academic fees. Extended day programs can also be included on a School Fee Schedule; however, they must be instructional and include a tutor or teacher who provides additional instruction to McKay and/or Family Empowerment scholarship students. A description of all special education programs and related services must be included with the School Fee Schedule.

A **Student Fee Schedule** is the fee schedule for the individual student that is enrolled in the private school. Once a school is approved to participate, then as part of the student enrollment process, the school will create a Student Fee Schedule. A school can select which items on the School Fee Schedule are applicable to the individual student, but all items listed for a student MUST be on the School Fee Schedule.

**New Participants in the McKay and Family Empowerment Scholarship Programs**

All new participant schools that have requested to participate in the McKay and/or FES programs must send a School Fee Schedule to the Office of Independent Education and Parental Choice (IEPC) during the scholarship compliance process. It should be noted that the school must submit the School Fee Schedule (on school letterhead) to the IEPC at least 30 days prior to receiving scholarship payments. Once the School Fee Schedule has been entered into the database, the school may enroll their students and enter each Student Fee Schedule, which is drawn from the items listed on the School Fee Schedule.

**Renewal Participants in the McKay and Family Empowerment Scholarship Programs**

Renewing schools are allowed to update their School Fee Schedules online May-July each year. However, they are only allowed to change the dollar amounts for the items that are currently listed on their School Fee Schedule. They cannot add or delete items from their School Fee Schedule. The IEPC office is responsible for entering any
additions, deletions, and corrections to the School Fee Schedule when necessary. The private school must send a written request for additions, deletions, and corrections to the Office of Independent Education and Parental Choice. If a private school misses this editing period, all change requests must be submitted to the Office of Independent Education and Parental Choice in writing, and the Regional Managers are responsible for entering the information onto the database.

School Fee Schedules should be mailed to:

Office of Independent Education and Parental Choice
325 West Gaines Street, Suite 1044
Tallahassee, FL 32399-0400
School Name: **DOEADMIN (9999)**

Program/Status:

- McKay: APPROVED
- FTC: APPROVED
- GARDINER: APPROVED
- HOPE: APPROVED
- FES: APPROVED

School District: ALACHUA

Address: 325 W GAINES ST.

City, State, Zip: TALLAHASSEE, FL 99999

Owner/Chief Administrative Officer: VIRGINIA GENTLES

I hereby attest that as owner and/or chief administrative officer of the above named-school I have met the fingerprint requirements of section 1002.42 (2)(c), Florida Statutes.

Signature: ________________________________

Name
(Print): ________________________________

Sworn and subscribed before me this ______ day of ____________, 20______.
### Section 1: General Information

<table>
<thead>
<tr>
<th>*1) School Name</th>
<th>Doeadmin</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2) School Code</td>
<td>9999</td>
</tr>
<tr>
<td>*3) District</td>
<td>Alachua</td>
</tr>
<tr>
<td>*4) Date School Established</td>
<td>1/1/2005</td>
</tr>
<tr>
<td>*5) Physical Address (no P.O. box)</td>
<td>325 W Gaines St Suite 1044</td>
</tr>
<tr>
<td>*6) City, State, Zip</td>
<td>Tallahassee FL 99999</td>
</tr>
<tr>
<td>7) Mailing Address (if different)</td>
<td>Xcvbxcvbxcv</td>
</tr>
</tbody>
</table>
**Section 2: Program Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Select the lowest grade for which instruction is provided.</td>
<td>KG</td>
</tr>
<tr>
<td>2) Select the highest grade for which instruction is provided.</td>
<td>05</td>
</tr>
<tr>
<td>3) Enter the number of days for the academic year.</td>
<td>203</td>
</tr>
<tr>
<td>4) Is your school a Military School?</td>
<td>Yes</td>
</tr>
<tr>
<td>5) Is your school a Religious School?</td>
<td>Yes</td>
</tr>
<tr>
<td>6) If you answered Yes to Question 5, please indicate the Denomination.</td>
<td>Please Select</td>
</tr>
<tr>
<td>7) Students</td>
<td>Boys</td>
</tr>
<tr>
<td>8) Program Types</td>
<td>Co-Ed</td>
</tr>
<tr>
<td>Question</td>
<td>Details</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 9) | Is this school a nonprofit organization?  
   | Yes  
   | No |
| 10) | Does this school have classes exclusively for children with exceptionalities?  
   | Yes  
   | No |
| 11) | Does this school offer exceptional student education services and other related services?  
   | Yes  
   | No |
| 12) | If you answered yes to question 10, please select disabilities served and services offered (check all that apply):  
   | Autism Spectrum Disorder  
   | Gifted  
   | Other Health Impaired  
   | Deaf Or Hard Of Hearing  
   | Hospital/Homebound  
   | Physical Therapy  
   | Developmentally Delayed  
   | Intellectual Disability  
   | Specific Learning Disability  
   | Dual-Sensory Impaired  
   | Language Impaired  
   | Speech Impaired  
   | Emotional/Behavioral Disability  
   | Occupational Therapy  
   | Traumatic Brain Injured  
   | Established Conditions  
   | Orthopedically Impaired  
   | Visually Impaired |

**Section 3: Student Information  
*** INCLUDE FLORIDA RESIDENT STUDENTS ONLY***

Enter the number of students enrolled for the current academic year. If none, enter "0".

**Race and Ethnicity Breakdown of Students:**

**Ethnicity**

1) Students of Hispanic/Latino Origin  
   | 155 |

**Race**
1) American Indian or Alaska Native 10
2) Asian 32
3) Black or African American 198
4) Native Hawaiian or other Pacific Islander 6
5) White 302

Of your total students how many are enrolled in:

* 1) Exceptional Student Education 0
* 2) Career Education 0

### Section 4: Teacher Information

Enter the number of teachers/administrators for current academic year. If none, enter "0". Count each employee only once, even if they serve in multiple roles.

<table>
<thead>
<tr>
<th>1) Pre-K</th>
<th>2) Kindergarten</th>
<th>3) Grades 1-5</th>
<th>4) Grades 6-8</th>
<th>5) Grades 9-12</th>
<th>6) Librarians/Media Specialists 2</th>
<th>7) Guidance Counselors 1</th>
<th>8) Administrators 2</th>
<th>9) Total 32</th>
</tr>
</thead>
</table>

### Section 5: Graduate Information

*** INCLUDE FLORIDA RESIDENT STUDENTS ONLY***

Enter the number of high school graduates from last spring now, and the number of students attending the following types of institutions. If none, enter "0".

<p>| 1) Total Number of Florida Graduates Last Spring 0 |
| 2) FL Public Community Colleges 0 |
| 3) FL Private Junior Colleges 0 |
| 4) FL Public Universities 0 |
| 5) FL Private Colleges &amp; Universities 0 |</p>
<table>
<thead>
<tr>
<th>*</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6)</td>
<td>Out of State Colleges &amp; Universities</td>
<td>0</td>
</tr>
<tr>
<td>7)</td>
<td>FL Nonacademic Post-Secondary Schools</td>
<td>0</td>
</tr>
<tr>
<td>8)</td>
<td>Out of State Nonacademic Post-Secondary Schools</td>
<td>0</td>
</tr>
</tbody>
</table>
Section 1: Program Participation

<table>
<thead>
<tr>
<th>Participating school year:</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>School is a new participant or a renewing participant:</td>
<td>Renewal</td>
</tr>
<tr>
<td>Current scholarship program(s):</td>
<td>McKay FTC Gardiner FES</td>
</tr>
</tbody>
</table>

Section 2: School Ownership, Affiliation, and Licensing

A) * School is owned by: INDIVIDUAL
B) * The school is: Not-For-Profit

Section 3: Financial Solvency

A) * Pursuant to section 1002.421(1)(d), Florida Statutes, has the school been in operation for at least 3 years? Yes
C) * If your school receives more than $250,000 in funds from scholarships awarded under Chapter 1002, Florida Statutes, in a state fiscal year, does your school contract with an independent certified accountant to perform the agreed upon procedures developed under section 1002.395(6)(o), Florida Statutes, and produce and submit a report in accordance with section 1002.421(1)(q), Florida Statutes? N/A

Section 4: School Administration

A) * Has each Owner, Operator, and Chief Administrative Officer undergone a Level 2 background screening through the Florida Department of Law Enforcement and submitted the results to the Florida Department of Education in Yes
Section 5: School Staffing

A) In compliance with section 1002.421(1)(h), Florida Statutes, do all of the teachers that your school employs or contracts with meet one of the following requirements:
- 3 or more years of public and/or private school teaching
- Special skills, knowledge, or expertise that qualifies them to provide instruction in subjects taught
- Baccalaureate Degree or higher

Yes

B) Does the school have an Unemployment Compensation account with the Department of Revenue, in accordance with Chapter 443, Florida Statutes?

N/A - School employs less than 4 employees for a day (or a portion of a day) during any 20 weeks in a calendar year.

C) Does the school employ 4 or more persons (instructional and non-instructional)?

No

E) If the answer to D is “No”, does the school have a DWC 250 Exemption Form?

No

Section 6: School Program
### A) Does the school comply with anti-discrimination provisions of 42 U.S.C. Section 2000d that prohibit discrimination on the basis of race, color, or national origin in accordance with section 1002.421(1)(a), Florida Statutes?

Yes

### B) Does the school demonstrate academic accountability pursuant to section 1002.421(1)(j), Florida Statutes, by publishing on the school’s website, or provide in written format, information for parents regarding the school, including, but not limited to, programs, services, and the qualifications of classroom teachers?

Yes

### C) Does the school demonstrate academic accountability to the parent in accordance with section 1002.421(1)(l), Florida Statutes, by providing the parent a written explanation of the student’s progress on a quarterly basis and cooperating with the scholarship student whose parent chooses to have the student participate in the statewide assessments pursuant to section 1008.22, Florida Statutes?

Yes

### D) Does the school demonstrate Academic accountability pursuant to sections 1002.395(8)(b)1. and 1002.385(8)(b)1., Florida Statutes, by administering or making provisions for scholarship students to take a state assessment pursuant to section 1008.22, Florida Statutes, or a nationally norm-referenced test identified by the Department of Education and report scores to the student’s parent and, pursuant to section 1002.395(8)(c)2., Florida Statutes, the independent research organization selected in section 1002.395(9)(f), Florida Statutes?

Yes

### E) In accordance with section 1002.421(1)(f), Florida Statutes, does your school require the parent to restrictively endorse the scholarship warrant or approve a funds transfer before any funds are deposited for a student, whichever may apply?

Yes

### F) Does the school have a physical location where scholarship students regularly attend classes in accordance with section 1002.421(1)(i), Florida Statutes?

Yes

### G) Does the school employ or contract with teachers who have regular and direct contact with scholarship students at the school’s physical location as required by section 1002.421(1)(i), Florida Statutes?

Yes

### H) Does the school offer a program of instruction sufficient to allow students who maintain regular attendance to meet the minimum compulsory attendance requirements in State Board of Education Rule 6A-1.09512 of at least 170 actual school days and 540 net instructional hours for students in kindergarten, 720 net instructional hours for students in grades 1-3, and 900 net instructional hours for students in grades 4-12?

Yes

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### Section 7: Student Health, Safety, and Welfare

#### A) Does the school complete and maintain Student Health Examination documentation (Department of Health Form DH 3040, other certification or valid exemption) for each child upon admittance to kindergarten or initial entrance into school in Florida, in accordance with section 1003.22(1), Florida Statutes, and State Board of Education Rule 6A–6.024, Florida Administrative Code?

Yes

#### B) Does the school complete and maintain a Florida Certification of Immunization (Department of Health Form DH 680) or valid Exemption from Immunization documentation for each child, in accordance with section 1003.22(4), Florida Statutes, and State Department of Health Rule 64D–3.046, Florida Administrative Code?

Yes

#### C) If the school enrolls kindergarten or 7th grade students, does the school complete an Immunization Annual Report of Compliance for Kindergarten and Seventh Grades (Department of Health Form DH 684), in accordance with section 1003.22(8), Florida Statutes, and State Department of Health Rule 64D–3.046(3), Florida Administrative Code?

Yes

#### D) If the school enrolls 6th grade students, does the school provide for appropriate screening of students for scoliosis, in accordance with section 1003.22(4), Florida Statutes, and State Department of Health Rule 64F–6.003, Florida Administrative Code?

Yes

#### E) In accordance with section 1006.061(1), Florida Statutes, has the school posted a notice that all employees have a duty to report all actual or suspected cases of child abuse, abandonment, or neglect; have immunity from liability if they report; and have a duty to comply with child protective investigations?

Yes
### Section 8: Student Records

**A)** Does the school maintain student records containing permanent information as defined in section 1002.42(3)(a)2.a., Florida Statutes, to include: student’s full name; authenticated birth date, place of birth, race, and sex; last known address of student; names of student’s parents; name and location of last school attended; number of days present and absent; date enrolled; date withdrawn; courses taken and record of achievement; and date of graduation or program achievement?

- Yes

**B)** Does the school maintain student records containing temporary information as defined in section 1002.42(3)(a)2.b., Florida Statutes, to include at minimum: health information, standardized test scores, honors and activities, personal attributes, work experience, teacher and counselor comments, and special reports?

- Yes

**C)** Does the school maintain a register of student enrollment and daily attendance, open for the inspection by the designated school representative or the district school superintendent of the district in which the school is located, as required in section 1003.23(2), Florida Statutes?

- Yes

### Section 9: School Facility

**A)** Does the school facility meet the prescribed minimum requirements and standards of sanitation and safety for K-12 private schools, in accordance with section 381.006(6), Florida Statutes, and State Department of Education Rule 6A-2.0040, Florida Administrative Code?

- Yes

**B)** If the school facility possesses a well, is it licensed or permitted pursuant to the Florida Safe Drinking Water Act or section 381.0062, Florida Statutes, as applicable?

- N/A

**C)** If the school facility stores, prepares, or serves food to students, does the school possess a current food service establishment sanitation certificate in accordance with State Department of Health Rule 64E-11.013, Florida Administrative Code, and section 381.0072, Florida Statutes?

- N/A

**D)** If the school facility is located in a non-exempt county, does the school possess a current and acceptable Mandatory Measurements Nonresidential Radon Measurement Report (Department of Health Form DH 1777), in accordance with section 404.056, Florida Statutes, and State Department of Health Rule 64E-5.1208, Florida Administrative Code?

- Yes

**E)** Does the school facility possess a current, violation free or satisfactory Fire Code inspection and compliance report in accordance with section 1002.42(1)(g)1., Florida Statutes, Chapter 69A-60, Florida Administrative Code, and county and/or municipal ordinance?

- Yes

**F)** If students are transported to and from the school facility by a school-owned vehicle or vehicles, does the school possess a current policy for Auto Liability in accordance with section 316.615, Florida Statutes?

- N/A

### Submission of Scholarship Compliance Form

(Submitted, notarized form must be received by March 1 of each year for the upcoming school year for renewing schools.)

I have read the applicable scholarship program rules and understand that by signing this form I am certifying that the school is currently in compliance and agrees to remain in compliance with all scholarship program rules and reporting requirements. If at any point, the school is not in compliance with scholarship rules, or if there is a change in the status of any reporting requirement, the school will have
15 days to notify the Department of Education and will provide all information necessary to document its continued compliance with program rules and requirements.

I understand that in answering "No" to any requirement in section 9: School Facility, the provision of a reason for answering "No" shall not make the school compliant with the reporting requirement and will be considered an outstanding compliance issue for resolution as described in State Board of Education Rules 6A-6.03315, 6A-6.0960, 6A-6.0961, and 6A-6.0970, Florida Administrative Code.

By signing below, I hereby certify compliance with all relevant state laws including the requirement for all private school employees and contracted personnel with direct student contact to have undergone a background screening pursuant to section 943.0542, Florida Statutes.

| * School Name | DOEADMIN |
| * School Director/Principal | AIMEE TEST |
| * Signature |
| * Name (Print) |

Sworn and subscribed before me this ______________ day of __________________, 20______.

| * Notary Public |
| State of Florida |
| * Notary's Name (Print) |
| * Personally Known |
| * Produced Identification |
| * Type |

Notary Public
State of Florida at large.
My commission expires: ______________

Notary Seal:
Private School Fingerprinting Process

Section 1002.421, Florida Statutes, requires each private school owner or operator as well as all employees and contracted personnel with direct student contact to undergo a state and national background screening by filing a complete set of fingerprints with the Florida Department of Law Enforcement (FDLE).

The term “owner or operator” means an owner, operator, superintendent, or principal of, or a person with equivalent decision making authority over, a private school participating in a scholarship program. An "employee or contracted personnel with direct student contact” means any employee or contracted personnel who has unsupervised access to a scholarship student for whom the private school is responsible.

In order for your private school to receive background screening results, you must register with the Volunteer & Employee Criminal History System (VECHS) at the FDLE and become a “qualified entity.” A qualified entity is an organization (public, private, for profit, or non-profit) that provides some type of “care” or care placement services to children, the elderly, or the disabled, even if only as a limited part of the entity’s overall business.

QUALIFIED ENTITY APPLICATION PROCESS
1. Fill Out the Qualified Entity Application.
2. Sign the User Agreement.
3. Complete the Civil Workflow Customer Registration Form.
4. Mail the Application, Agreement, and Registration Form to the FDLE:
   Florida Department of Law Enforcement
   Criminal Justice Information Services/User Services Bureau
   Attention: VECHS Unit
   P.O. Box 1489
   Tallahassee, Florida 32302
5. Follow the instructions supplied by the FDLE regarding the entititynumber, payments, and waiver forms.
6. Keep the original waiver forms with your records.
7. Submit fingerprints electronically via a livescan device.

Helpful Hint: Detailed instructions, fingerprinting locations, and links to the required application and user agreement are available on the FDLE website at: https://www.fdle.state.fl.us/cms/Background-Checks/VECHS-Home.aspx.
PAYMENTS

Employees and Contracted Personnel: $36.00
Volunteers: $28.75

Note: The fees listed above are FDLE and FBI processing fees. Employees, contracted personnel, or volunteers submitting fingerprints electronically via live scan devices may be charged an additional fee by the fingerprint service provider.

QUESTIONS?
Answers to frequently asked questions on the VECHS program are provided on the FDLE website. We recommend reviewing the website for more information:

https://www.fdle.state.fl.us/cms/Background-Checks/VECHS-FAQs.aspx

For additional questions related to the VECHS program, please contact the Florida Department of Law Enforcement.

Phone: (850) 410-VECHS
(8324)

Email: PublicRecords_VECHS@fdle.state.fl.us
View Message

Tracking: #23571320
Sent: 2/19/2019 10:46:45 PM (GMT-05:00)
Expires: 8/19/2019 10:46:45 PM (GMT-04:00)
From: ApplicantChecks@fdle.state.fl.us
Subject: Results of check for

To:

***** Applicant Information As Submitted In Transaction *****

Applicant SSN:
Applicant Name:
Applicant Alias Name(s):
Applicant Race: W
Applicant Sex: M
Applicant Birthdate:
Applicant Address:
Applicant Place of Birth:
Applicant Eye Color:
Applicant Hair Color:
Applicant Height:
Applicant Weight:

Submitted ATN:
Submitted OCA:
Submitted MNU 1:
Submitted MNU 2:
Submitted MNU 3:
Submitted MNU 4:
Submitted OCP:
Submitted TFR:
Submitted DPR:

Customer ORI Number: E_________
Customer Name: VEHRS (R)
Livescan Device Number:
Livescan Device Owner:

TCN:

***** Florida Criminal History Record Response Listed Below *****

There was NO Florida Criminal History Record Identified.

***** National/FBI Criminal History Record Response Listed Below *****

There was NO National/FBI Criminal History Record Identified.

✓ Security Envelope: Message Integrity
✓ Server Encryption: Message is protected with strong encryption.
✓ Secure Session: Securely view and download this message.
STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PRIVATE SCHOOL
INSPECTION REPORT

Facility Information Section

Permit Number: xx-xx-xxxxxx
Type: 
Owner: 
Person In Charge: 
Name of Facility: 
Address: 
City, Zip: 

Inspection Results Information Section

Purpose: PreOpening
Inspection Date: x/xx/xxxx
Correct By: None
Re-Inspection Date: None

Additional Information Section

CENSUS
FEMALES
MALES

As per section 120.695, Florida Statutes (FS) this form will serve as a "Notice of Non-Compliance" for any violation noted. Items marked below violate one or more of the requirements of Chapter 6A-2.0040 Florida Administrative Code (FAC). Sanitation Standards in K-12 Private Schools and section 443. Florida Building Code (FBC), Schools, Colleges, and Universities. Violations must be corrected within the time period indicated in the results section above. Continued operation of this facility without making these corrections is a violation of section 6A-2.0040, FAC, and section 443 FBC. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violation Markings Section

SCHOOL SANITATION
IN 1. School Site
IN 2. Playground
IN 3. Athletic Equipment
BUILDING
IN 4. Construction
IN 5. Maintenance & Repair
IN 6. Lighting Standards
IN 7. Heating, Ventilation, A/C
NA 8. Natural Ventilation
IN 9. Mechanical Ventilation
SANITARY FACILITIES
IN 10. Provided/Accessible
IN 11. Toilet Floor Drains
IN 12. Toilet Facilities

13. Disinfectants
14. Handwashing Facilities
15. Soap Dispensers
16. Showers
17. Shower Water Temp
18. Approved Source
19. Drinking Fountains
LIQUID WASTE
20. Sewage Disposal
21. Solid Waste
PEST CONTROL
22. Pest Control
23. Brush/Trash
24. Water Collection/Drainage
25. First Aid Kit
26. Location
27. Changing Table & Mat
28. Handsink
29. Sanitizers/Garbage Can
ANIMAL HEALTH AND SAFETY
30. Vaccination
31. Animal Maintenance/Aggressive animals
DORM/RESIDENTIAL FACILITIES
32. Maintenance/Complaints
33. Other

IN = the act or item was observed to meet standards; OUT = the act or item was observed not to meet standards; NO = the act or item was not observed to be occurring at the time of inspection; NA = the act or item is not performed by the facility or not part of the operation

General Comments Section

NO VIOLATIONS OBSERVED. APPROVED FOR OPENING.

Inspector Signature: 
Client Signature: 

Form Number: DH 4160 04/13
Mandatory Radon Testing Requirement for Large Buildings

The following counties are currently **exempt** from mandatory radon testing:

- Baker
- Bay
- Bradford
- Clay
- Collier
- Escambia
- Flagler
- Franklin
- Glades
- Hendry
- Lafayette
- Lake
- Lee
- Monroe
- Okeechobee
- Orange
- Santa Rosa
- Wakulla
- Washington

**RADON TESTING IS REQUIRED IN ALL OTHER COUNTIES.**

More information on the radon testing requirement is available on the Department of Health website:

SECTION 1: FACILITY AND OWNER INFORMATION

Facility Information:

Facility Name (as licensed, registered, or listed with state)

Physical location (Street Address) of Facility Site

City County Zip

Name of Contact Person

Title

Owner Information:

Name of Owner

Street Address

City State Zip

Phone Number

Facility type as licensed or registered (Submit individual facilities separate, i.e., a Day Care and School at the same place):

- Assisted Living Facility (previously ACLF)
- Alcohol, Drug Abuse or Mental Health
- Correctional Facility or Jail
- Day Care Center (pre kindergarten)
- Delinquency Program (Ex: Start Center, Training School)
- Private School (K-12)
- OTHER (specify)

SECTION 2: BUILDING INFORMATION

Building Name or ID Number (If Applicable) Street Address of Building (If Different From Facility Site)

Buildings per address ____; Building No. ____ of ____ requiring testing.

Number of measurements required in this building during this testing period: _____ initial or 5 year retest, _____ follow-up

Cumulative number of measurements reported for this testing period: _____ initial or 5 year retest, _____ follow-up

____ No. of Stories, ____ No. of Stories Occupied, ________ Age of Building in Years (or year built)

CHECK ALL THAT APPLY

Foundation/Floor System:
- Floored Basement
- Bare Earth Basement
- Other (specify) ______

No. of Stories ____ - No. Stories occupied 

Year Built ____

DH1777, 11/15, incorporated Fla. Admin. Code R. 64E-5.1208(3)
### SECTION 3: RESULTS

Measurement Type: [ ] Initial or 5 Year Retest, [ ] Follow-up

Dates of Measurement: FROM / / TO / /

<table>
<thead>
<tr>
<th>Story</th>
<th>Room</th>
<th>Result</th>
<th>Units†</th>
<th>Device‡</th>
<th>Time in Hours</th>
</tr>
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† P for pCi/L or W for WL
‡ AC-Activated Carbon Adsorption, AT-Alpha Track, CR-Continuous Radon Monitor, CW-Continuous Working Level Monitor, EL-Electret Ion Chamber Long Term, ES-Electret Ion Chamber Short Term, LS-Liquid Scintillation, RP-RPISU, UT-Unfiltered Alpha Track

### SECTION 4

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY A RADON MEASUREMENT BUSINESS

Name of Business and Cert. No. Name of Specialist and Cert. No.

Signature of Specialist

### SECTION 5

COMPLETE ONLY IF MEASUREMENTS ARE PERFORMED BY STAFF EMPLOYED BY THE FACILITY

I hereby certify that the Radon measurements reported herein have been performed in accordance with Chapter 64E-5, Florida Administrative Code, and Chapter 404, Florida Statutes.

Authorized Representative of Facility Date

Upon completion of this form, **send to:**
Department of Health
Bureau of Environmental Health / Radon Program
4052 Bald Cypress Way, Bin #A08
Tallahassee, FL 32399-1720

You may scan the report and email it to RadonReports@FLhealth.gov

For assistance in completing this form call 1-800-543-8279
ATTACHMENT H

State of Florida

PRIVATE EDUCATIONAL INSTITUTION BOND

Bond No. __________________________ (To be Assigned by Surety)

Know All Men By These Presents, that we __________________________________________________________________________ (Principal)

located at __________________________________________________________________________ (Address of Principal)

as Principal and ___________________________________________________________________, a corporation of the State of ________________ (Surety Company)

lawfully doing business in the State of Florida, as Surety, are held and firmly bound unto the State of Florida for the use

and benefit of any person or governmental subdivision of the State of Florida which may suffer expense or damages

through the breach of this bond in the penal sum of $_______ for which sum well and truly to be paid to the State of

Florida, its certain attorneys or assigns, any student or enrollee or his or her parent or guardian, or class thereof, said

Principal and Surety bind themselves, their heirs, executors, administrators, successors, and assigns, jointly and

severally, firmly by these presents.

Whereas, the above bounden Principal, a “private educational institution”, desires to operate its institution at the above

stated location as authorized by and in conformity with the provisions of the Florida Statutes and all rules and regulations

promulgated by the Department of Education thereunder, and

Whereas, said “Florida K-20 Education Code” requires the filling of a blanket bond in the penal sum of $_______ (as
determined by the formula in F.S. 1002.421) before a ‘Certificate of Authorization’ can be issued to the institution.

Now, Therefore, The Condition Of This Obligation is that if neither the Florida K-20 Education Code nor any rule or

regulation adopted pursuant thereto shall be violated by the institution or any of its officers, agents, or employees, or if

the parties shall promptly pay all damages or expenses which the State, or any governmental subdivision thereof, or any

person may sustain resulting from any such violation, then this obligation shall be null and void; otherwise it shall remain

in full force and effect.

1. The aggregate Liability of the Surety shall not exceed the sum amount of the required bond on all breaches of the

condition of the bond by the institution and its officers, agents, or employees, nor shall the penal sum of the bond be

considered cumulative from year to year.

2. The Surety shall have the right to cancel this bond at any time by written notice, stating when the cancellation shall

take effect and served or by registered mail to the Office of Independent Education and Parental Choice at least thirty

(30) days prior to the date that the cancellation becomes effective, but said Surety so filing said notice shall not be

discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of

said thirty (30) day period.

3. Without limiting the effect of any other provision herein which is not in conflict therewith, this bond is to be construed

as a statutory bond under the provision of F.S. 1002.421, the Florida K-20 Education Code.

Signed and sealed this _____ day of ______ 20__

Attest

________________________________________________________________________

(Witness)

(Principal)

By

________________________________________________________________________

(Surety)

By

________________________________________________________________________

(Witness)
ATTACHMENT I

LETTER OF CREDIT

IRREVOCABLE LETTER OF CREDIT NO. _______
ISSUE DATED: _______ (MM/DD/YY) _______ EXPIRY
DATE: _______ (MM/DD/YY) _______

BENEFICIARY:
OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE
325 WEST GAINES STREET, SUITE 1044
TALLAHASSEE, FL 32399

APPLICANT: ____________________________
(SCHOOL NAME)

WE HEREBY ESTABLISH OUR IRREVOCABLE LETTER OF CREDIT NO. _______ IN YOUR FAVOR FOR THE
ACCOUNT OF __________________________
(SCHOOL NAME)
AVAILABLE BY YOUR DRAFTS
ON US PAYABLE AT SIGHT FOR ANY SUM OF MONEY NOT TO EXCEED A TOTAL OF _______ (DOLLAR
AMOUNT REQUIRED) _______, THEN ACCOMPANIED BY THIS IRREVOCABLE LETTER OF CREDIT AND THE
FOLLOWING DOCUMENTS:

1. BENEFICIARY’S STATEMENT CERTIFYING THAT INVOICE TO __________________________
(SCHOOL NAME) __________________________ REMAIN OUTSTANDING AND UNPAID.

2. COPY OF INVOICE(S), DATED ON OR AFTER THE ISSUE DATE OF THIS LETTER OF
CREDIT.

PARTIAL AND MULTIPLE DRAWING PERMITTED.

THIS IRREVOCABLE LETTER OF CREDIT SHALL BE VALID UNTIL _______ (MM/DD/YY) ______ AND SHALL
THEREAFTER BE AUTOMATICALLY RENEWED FOR SUCCESSIVE 1 YEAR PERIODS, WITHOUT AMENDMENT,
UPON THE ANNIVERSARY OF ITS ISSUE, UNLESS AT LEAST 60 DAYS PRIOR TO SUCH ANNIVERSARY DATE
WE NOTIFY YOU IN WRITING BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR COURIER SERVICE
THAT WE ELECT NOT TO SO RENEW THIS CREDIT. UPON RECEIPT BY YOU OF SUCH NOTICE, YOU MAY
ELECT TO DRAW HEREUNDER UP TO THE AGGREGATE OUTSTANDING BALANCE.

ALL DRAFTS DRAWN UNDER THIS CREDIT MUST STATE; “DRAWN UNDER __________________________
(SCHOOL’S BANK) __________________________ IRREVOCABLE LETTER OF CREDIT NO. _______
DATED _______ (MM/DD/YY).”

THE ORIGINAL IRREVOCABLE LETTER OF CREDIT MUST BE PRESENTED WITH ANY DRAWING SO THAT
DRAWING CAN BE ENDORSED ON THE REVERSE THEREOF.

EXCEPT SO FAR AS OTHERWISE EXPRESSLY STATED, THIS IRREVOCABLE LETTER OF CREDIT IS SUBJECT
TO THE “UNIFORM CUSTOMERS AND PRACTICE FOR DOCUMENTARY CREDITS (1993 REVISION),
INTERNATIONAL CHAMBERS OF COMMERCE BROCHURE NO. 500.”

WE HEREBY ENGAGE WITH BONA FIDE HOLDERS, ENDORSERS AND DRAWERS OF SUCH DRAFTS DRAWN
UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT THAT SUCH DRAFTS WILL BE DULY
HONORED UPON DUE PRESENTATION AND DELIVERY OF DOCUMENTS TO:
______________________________
(BANK’S NAME AND ADDRESS)

BANK NAME __________________________

REPRESENTATIVE’S SIGNATURE
TITLE
SAMPLE Standards of Ethical Conduct
(adapted from the Code of Ethics of the Education Profession in Florida and Principles of Professional Conduct for the Education Profession in Florida)

1. Our school values the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.

2. Our primary concern is the student and the development of the student's potential. Employees will therefore strive for professional growth and will seek to exercise the best professional judgment and integrity.

3. Concern for the student requires that our instructional personnel:
   a. Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.
   b. Shall not unreasonably restrain a student from independent action in pursuit of learning.
   c. Shall not unreasonably deny a student access to diverse points of view.
   d. Shall not intentionally suppress or distort subject matter relevant to a student's academic program.
   e. Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
   f. Shall not intentionally violate or deny a student's legal rights.
   g. Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.
   h. Shall not exploit a relationship with a student for personal gain or advantage.
   i. Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.

4. Aware of the importance of maintaining the respect and confidence of colleagues, of students, of parents, and of the community, employees of our school must display the highest degree of ethical conduct. This commitment requires that our employees:
   a. Shall maintain honesty in all professional dealings.
   b. Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional benefits or advantages or participation in any professional organization.
c. Shall not interfere with a colleague’s exercise of political or civil rights and responsibilities.

d. Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual’s performance of professional or work responsibilities or with the orderly processes of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and, further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.

e. Shall not make malicious or intentionally false statements about a colleague.

**Training Requirement**

All instructional personnel and administrators are required as a condition of employment to complete training on these standards of ethical conduct.

**Reporting Misconduct by Instructional Personnel and Administrators**

All employees and administrators have an obligation to report misconduct by instructional personnel and school administrators which affects the health, safety, or welfare of a student. Examples of misconduct include obscene language, drug and alcohol use, disparaging comments, prejudice or bigotry, sexual innuendo, cheating or testing violations, physical aggression, and accepting or offering favors. Reports of misconduct of employees should be made to __________________________________________.

Reports of misconduct committed by administrators should be made to __________________________.

Legally sufficient allegations of misconduct by Florida certified educators will be reported to the Office of Professional Practices Services.

Policies and procedures for reporting misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student are posted in __________________________.

and on our website at __________________________.

**Reporting Child Abuse, Abandonment or Neglect**

All employees and agents have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect. Call 1-800-96-ABUSE or report online at: http://www.dcf.state.fl.us/abuse/report/.

**Signs of Physical Abuse**

The child may have unexplained bruises, welts, cuts, or other injuries; broken bones; or burns. A child experiencing physical abuse may seem withdrawn or depressed, seem afraid to go home or
may run away, shy away from physical contact, be aggressive, or wear inappropriate clothing to hide injuries.

**Signs of Sexual Abuse**
The child may have torn, stained or bloody underwear, trouble walking or sitting, pain or itching in genital area, or a sexually transmitted disease. A child experiencing sexual abuse may have unusual knowledge of sex or act seductively, fear a particular person, seem withdrawn or depressed, gain or lose weight suddenly, shy away from physical contact, or run away from home.

**Signs of Neglect**
The child may have unattended medical needs, little or no supervision at home, poor hygiene, or appear underweight. A child experiencing neglect may be frequently tired or hungry, steal food, or appear overly needy for adult attention.

**Patterns of Abuse**
Serious abuse usually involves a combination of factors. While a single sign may not be significant, a pattern of physical or behavioral signs is a serious indicator and should be reported.

**Liability Protections**
Any person, official, or institution participating in good faith in any act authorized or required by law, or reporting in good faith any instance of child abuse, abandonment, or neglect to the department or any law enforcement agency, shall be immune from any civil or criminal liability which might otherwise result by reason of such action. (F.S. 39.203)

An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under F.S. Chapter 760. (F.S. 768.095)