Child-Placing Agency Licensure Organizational Checklist 65C-15

Provider Name:	**Circuit & County:**
Service Type(s):	**Initial, Quarterly, or Relicensing:**
Provider Address:	**Licensing Specialist:**
Provider ID:	**License Expiration Date:**
Licensee name:	

Part 1:Required Documents	**INTL- Initial RL- Relicensing UPD - Required when updates are made**	***Yes= Submitted; *No= Not submitted; *NA=not required**	**Comments**
Accreditation certificate and survey	INTL,RL,UPD		
Affidavit Background Screen Compliance	INTL, RL, UPD		
Affidavit of Good Moral Character	INTL, RL, UPD		
Applicant's background screen	INTL, RL, UPD		
Applicant's education qualifications	INTL, RL,UPD		
Application for Licensure	INTL, RL, UPD		
Articles of Incorporation	INTL, RL, UPD		
Central Florida Abuse Hotline Record	INTL, RL, UPD		
Charitable permit for solicitation	INTL,UPD		
Civil Rights Certification	INTL, UPD		
Consent for public appearances	INTL, RL, UPD		
Six months of operation expenses	INTL, RL, UPD		
Education materials for adoptive parents (Private Adoptions only)	INTL, UPD		
Employee roster that includes the role of each staff	INTL, RL, UPD		
Florida Business Registration	INTL, UPD		
Cooperative agreements/contracts	INTL, UPD		

List of governing body	INTL, UPD		
Operational Budget	INTL, RL, UPD		
Organizational Chart	INTL,UPD		
Program description and need for service	INTL,UPD		
Staff development plan	INTL, UPD		
Financial audit	RL, UPD		
Written plan when in deficit	RL, UPD		
Part 2: Required Policies and Procedures	**INTL- Initial RL- Relicensing UPD - Required when updates are made**	***Yes= Submitted; *No= Not submitted; *NA=not required**	**Comments**
Abuse and neglect reporting	INTL, UPD		
Confidentiality	INTL, UPD		
Emergency management plan	INTL, UPD		
Fee for service	INTL, UPD		
Grievance	INTL, UPD		
Incident reporting	INTL, UPD		
Personnel	INTL, UPD		
Placements	INTL, UPD		
Training Plan	INTL, UPD		
Additional Comments			

Site Physical Inspection

Provider Name:		
Regional Licensing Staff:		
Service Type:		
Date:		
Interrior and Exterior	**Observation Y/N/NA**	**Comments**
Interior clean and free of hazard		
Chemicals stored properly		
The outdoor areas are drained.		
Furniture in good condition		
Equipment in good condition		
Postings	**Observation Y/N/NA**	**Comments**
Signed DCF License		
Safety regulations		
Notice of auxiliary aid availability		
Route of Evacuation		
Files	**Observation Y/N/NA**	**Comments**
Secured files for employee		
Secured files for clients		
Personnel files retained for 5 years		

Child files retained for 30 years		
Adoption records permanently retained		

Personnel File Record Review

Agency Name:		
Date of Review :		
Name of Reviewer:		
	Staff Name: Position:	
Florida Administrative Code Requirement	**Observation Y/N/NA**	**Comments**
Application for employment		
Acknowledgement of abuse & neglect laws		
Acknowledgement of confidentiality		
Child Welfare Professional Certification		
Degree or Diploma		
Disciplinary actions, if applicable		
Employment history check prior to hire		
Performance evaluations		
Reason for employment termination		
Reporting requirement ackowledgement		
Termination documentation		
Valid Identification		
Verification of qualifications		
Backgrounds	**Observation Y/N/NA**	**Comments**
Affidavit of Good Moral Character form		
Fingerprinting every five (5) years		

Staff Development/Training	Observation Y/N/NA	Comments
Annual training hours		
In-service		
Orientation		
Training record and conferences attended		
Volunteers	**Observation Y/N/NA**	**Comments**
Confirmation Hours worked each month		
Activities completed		

Client File

Agency Name:

Child-Caring Agency Type:

Date of Review :

Name of Reviewer:

	Client Initials:	
Adoptive Home records	**Observation Y/N/NA**	**Comments**
Adoption assessment study		
Adoption home study		
Adoptive Child Study		
Agreement/contracts with agency		
Application for adoption		
Background Documents		
Court orders		
Court orders and fees		
Fees for adoptive parents		
Firearm Affidavit		
Five (5) Character references		
ICPC requirements		
Legal Documents		
Legal documents from country of origin		
Medical Information		

Petition for Adoption		
Placement concerns and remediations		
Post placement contacts		
Pre-placemetn Home visits		
Services provided		
Summary of placement decision		
TPR documentation		
Documentation of At risk Placements		
Birth Parent Records	**Observation Y/N/NA**	**Comments**
Birth parent consents		
Adoption disclosure		
Services provided		
Fees to birth parents		
Legal documents from country or origin		
Reporting Finalized Adoptions	**Observation Y/N/NA**	**Comments**
Quarter 1		
Quarter 2		
Quarter 3		
Quarter 4		
Adoptive Parents Documentation	**Observation Y/N/NA**	**Comments**
Placement concerns and remediations		

ICPC requirements		
Service delivery		
Intercounty Adoptions	**Observation Y/N/NA**	**Comments**
Documents provided to adoptive parents		