

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	\$130,000	\$130,000	\$130,000		
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	\$130,000	\$130,000	\$130,000		
No. ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Proposed Budget? Yes X No _____
 Does this item include the use of federal funds? Yes _____ No X
 Is this item using State Funds Yes _____ No X

Budget Account **Exp No:**
 Fund 0001 **Dept** 154 **Unit** 2531 **Obj** 3401
 Rev No:
 Fund _____ **Dept** _____ **Unit** _____ **Obj** _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

There is no additional fiscal impact associated with the approval of this Second Amendment. This amendment adds a requirement of a Visitation Center Metrics Log to allow for better reporting of metrics.

Departmental Fiscal Review: Michelle Dena

II. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

 Luz M. Antu Kund & Machals
 OFMB 9/9/24 Contract Development & Control
 MD 9/9 JA 9/10 9/12/24

B. Legal Sufficiency:

 [Signature] 9/13/24
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

**SECOND AMENDMENT TO
COMMUNITY BASED AGENCY CONTRACT**

This Second Amendment is made as of the ~~September 17, 2023~~ by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and The Children's Home Society of Florida, a not-for-profit corporation, authorized to do business in the State of Florida, hereinafter referred to as the AGENCY, whose Federal I.D. is 59-0192430.

WITNESSETH:

WHEREAS, the parties entered into a Community Based Agency Contract (Contract) dated June 16, 2020, (R2020-0702) in the amount of \$422,500, to fund Visitation Center services, from July 1, 2020, through September 30, 2023; and

WHEREAS, the parties entered into a First Amendment to Community Based Agency Contract (First Amendment) dated July 11, 2023, (R2023-0964) extending the Contract term to September 30, 2026, and increasing the Contract not to exceed amount by \$390,000, for a new total not to exceed amount of \$812,500; and

WHEREAS, the parties desire to add an additional performance measurement metrics reporting tool to identify the usage of the Visitation Center, and update the services conducted by the AGENCY; and

WHEREAS, the parties are in the process of cooperatively working on an agreement with the Department of Children and Families which would enable the COUNTY to request reimbursement for Title IV-E eligible activities conducted by the AGENCY for the Visitation Center; and

NOW, THEREFORE, in consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.
2. **ARTICLE 1 – SERVICES**, Paragraph 4 is hereby replaced in its entirety with the following:

The AGENCY'S representative/liaison during the performance of this Contract shall be Robin Neese, Director of Family Development Programs (telephone no. 850-516-1585).

3. **ARTICLE 12 – AGENCY'S PROGRAMMATIC REQUIREMENTS**, Paragraph F(2)(i)(b) is hereby added:
 - b. The first monthly Visitation Center Metrics Log (**Exhibit C**) will be due no later than November 15, 2024.

4. **ARTICLE 12 – AGENCY’S PROGRAMMATIC REQUIREMENTS**, Paragraph F(2)(ii)(c) is hereby added:

- c. The first quarterly Visitation Center Metrics Log will be due no later than January 15, 2025.

5. **ARTICLE 13 – ACCESS AND AUDITS**, Paragraph C is hereby replaced in its entirety with the following:

- C. One (1) copy of the audit is due thirty (30) days after receipt of the financial audit report by the Independent Certified Public Accountant or a Public Accountant licensed under Chapter 473, Florida Statutes, or nine (9) months after the close of the fiscal year. The complete financial audit report, including all items specified herein, shall be submitted/uploaded to the CBA Monitoring Portal in .pdf format.

6. **ARTICLE 27 – NOTICE**, the third paragraph is hereby replaced in its entirety with the following:

If sent to the AGENCY, notices shall be addressed to:

The Children’s Home Society of Florida
Attn: Robin Neese, Director of Family Development Programs
3335 Forest Hill Boulevard
West Palm Beach, FL 33406

7. **ARTICLE 35 – DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN**, is hereby added as follows:

ARTICLE 35 - DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN.

Pursuant to section 286.101, Florida Statutes, as may be amended, by entering into this Contract or performing any work in furtherance thereof, the AGENCY certifies that it has disclosed any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern where such interest, contract, or grant or gift has a value of \$50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

8. **ARTICLE 36 – HUMAN TRAFFICKING AFFIDAVIT is hereby added as follows:**

ARTICLE 36 – HUMAN TRAFFICKING AFFIDAVIT

AGENCY warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. AGENCY has executed **Exhibit D**, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.

9. **Exhibit A-1** is hereby replaced in its entirety with **Exhibit A-2**, attached hereto and incorporated herein by reference.
10. **Exhibit B-1** is hereby replaced in its entirety with **Exhibit B-2**, attached hereto and incorporated herein by reference.
11. **Exhibit C**, attached hereto and incorporated herein by reference, is hereby added to the Contract.
12. **Exhibit D**, attached hereto and incorporated herein by reference, is hereby added to the Contract.
13. All other provisions of the Contract, and prior amendments, thereto not modified in this Second Amendment remain in full force and effect.

{Remainder of page left blank intentionally}

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Second Amendment on behalf of the COUNTY and the AGENCY has hereunto set its hand the day and year above written.

AGENCY:

The Children's Home Society of Florida
Company Name

Signed by:
Kymerly Cook
722A1450B870472...
Signature

Kymerly Cook
Typed Name

Chief Operating Officer
Title

ATTEST:

COUNTY:

**JOSEPH ABRUZZO, CLERK OF THE
CIRCUIT COURT & COMPTROLLER**

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

By: _____
Deputy Clerk

By: _____
Maria Sachs, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

By: Initial
HCH  Joseph H. Abruzzo
County Attorney

By: Signed by:
He Powell
E1503C31507B437...
Youth Services Department

EXHIBIT A SCOPE OF WORK

Contract Period: October 01, 2023 - September 30, 2026

Agency Name: The Children's Home Society of Florida

Program Name: The Family Visitation Center

Target Population: Elementary Age Youth, Middle School Age Youth, High School Age Youth, Babies, Preschool Age Youth

Geographic area(s) served: Countywide

Commission District(s): Countywide

Overview:

The Family Visitation Center is designed to provide better quality and more frequent visitation to children removed from their parents involved in the Dependency System. Visitation is a key indicator for a successful and timely reunification. The Visitation Center provides a safe and confidential homelike environment for parents to bond with their children. The Family Visitation Center will have eight age-specific rooms where suitable toys and activities are provided to promote bonding and interaction between the parents and their children. The Center has a shared space where educational programs, group meetings and other gatherings can be facilitated. There is a fully functional kitchen and outdoor playground that increases normalcy and enhances the families' experience. The Family Visitation Center will also be an environment where caregivers, both foster parents and relatives/non-relatives, can feel comfortable being a part of the visitation process. Partnerships with community members and local universities will be leveraged to provide additional interventions and supports to quality visitation between parents and their children.

The program coordinator will be a Program Supervisor who will be housed at the Visitation Center and will be well versed in the dependency system. The Program Supervisor works with the Dependency Case Managers on family goals and Conditions for Return, which are the factors needing to be met to move towards reunification. The Program Supervisor will oversee scheduling visitations and ensure maximum utilization of staff, interns and volunteers. The Program Supervisor will also assist in service provision and referrals as needed. In addition, the Family Visitation Center will also have two Family Support Workers to assist with transportation and visitation exchange.

The Family Visitation Center will provide visitation support with varying levels of required supervision, including Supervised High Sight and Sound Visitation, Supervised Visitation, Monitored Visitation, and Sibling-Only Visitation. All visitations will have an assessment of visitation outcomes and documentation to be completed and provided to the Dependency Case Manager. The support will include education and feedback to parents. The Family Visitation Center is a safe environment as an Exchange location between parents and/or caregivers. The staff can provide resources and referrals for clients for community support or service needs.

Evidence-based model or promising practice:

Promising Practice

Observed Need/Risk Factor(s) that will be addressed:

The need that will be addressed is providing a safe and confidential homelike environment for parents to bond with their children. The overarching goal of the program is to increase the number and quality visitations that occur during a child's removal episode leading to an increase in timely achievement of permanency and reduction in re-abuse after permanency is achieved.

Services:

The following services will be coordinated and provided by staff at the Family Visitation Center:

- Supervised High Sight and Sound Visitation: For the entire visit, there will be someone else present for the duration of the visit. The supervisor will observe and listen closely to the interactions and conversations between the adult and the child.
- Supervised Visitation: There is someone present for the duration of the visit to supervise. They will be watching and listening, but do not need to hear every conversation between the adult and the child.
- Monitored Visitation: Will take place at an approved location with someone who is there to monitor the visit. The monitor will be checking in on the visit between the adult and the child. The monitor may not be there for the duration of the visit and is not required to listen and watch but will be observing portions of the visit.
- Unsupervised Visitation: No one needs to monitor or supervise the visit with the child. The Judge may still order where and how often visits will occur.
- Sibling-Only Visitation: Visits among siblings within dependency care without the legal guardian's attendance.
- Transportation: CHS staff provides child(ren) transportation to/from the Family Visitation Center.

Outcomes:

The following outcomes will be tracked:

- 97 of 97 (100%) of children will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.
- 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.
- 59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.

Reports Submission:

The Agency shall provide monthly, quarterly and annual data for all program participants funded in this Contract. The reports shall be presented in a format acceptable to COUNTY.

- Monthly Report format, Exhibit A, Form 1
- Quarterly Report format, Exhibit A, Form 2
- Logic Model, Exhibit A, Form 3
- Annual Report format, Exhibit A, Form 4

Projected number of Clients Served:

97 Youth

65 Parents/Caregivers

EXHIBIT A, FORM 1
Monthly Reports Format

The AGENCY will submit monthly reports by entering program specific data into the CBA Portal.



**MONTHLY COMPLIANCE REPORT
COMMUNITY BASED AGENCY CONTRACT**

Contract Period: 10/01/2023 - 09/29/2024

The Children's Home Society of Florida

Month: Choose an item.

Services	Current Status	Explanation
Supervised High Sight and Sound Visitation: For the entire visit, there will be someone else present for the duration of the visit. The supervisor will observe and listen closely to the interactions and conversations between the adult and the child.	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Supervised Visitation: There is someone present for the duration of the visit to supervise. They will be watching and listening, but do not need to hear every conversation between the adult and the child.	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Monitored Visitation: Will take place at an approved location with someone who is there to monitor the visit. The monitor will be checking in on the visit between the adult and the child. The monitor may not be there for the duration of the visit and is not required to listen and watch but will be observing portions of the visit.	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.
Unsupervised Visitation: No one needs to monitor or supervise the visit with the child. The Judge may still order where and how often visits will occur.	Choose an item.	Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.

<p>Sibling-Only Visitation: Visits among siblings within dependency care without the legal guardian's attendance.</p>	<p>Choose an item.</p>	<p>Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.</p>
<p>Transportation: CHS staff provides child(ren) transportation to/from the Family Visitation Center.</p>	<p>Choose an item.</p>	<p>Please report actual # of clients served through this activity or # of event occurrences. If none, or if service is delayed, provide a brief explanation.</p>

Please list any program specific challenges your agency experienced during this reporting period:

[Click here to list any program specific challenges your agency experienced during this reporting period.](#)

Please list any program specific accomplishments your agency experienced during this reporting period:

[Click here to list any program specific accomplishments your agency experienced during this reporting period.](#)

Please report your outcomes achieved for this month.

Target: 97 of 97 (100%) of children will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.

Actual for the month: ___ of ___ (___ %)

Total number served this month:

Target: 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.

Actual for the month: ___ of ___ (___ %)

Total number served this month:

Target: 59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.

Actual for the month: ___ of ___ (___ %)

Total number served this month:

Unit Cost of Service Rate Definition

A unit of service is defined as one quarter of direct or indirect visitation services and related work that may include staff supported visits such as supervised high sight and sound, supervised, and monitored, sibling-only visitations, transportation, documentation, data entry, and grant reporting.

Unit Cost of Service Rate is \$32,500.00

Total Cost of Service \$130,000.00

Click here to report on number of units being claimed for this reporting period.

Report approved and submitted by: *Click or tap here to enter text.*

Title of signatory: *Click or tap here to enter text.*

EXHIBIT A, FORM 2
Quarterly Reports Format

The AGENCY will submit quarterly reports by entering program specific data into the CBA Portal.



CBA Quarterly Outcomes Report

Outcome	Validator	Projected %	Actual Outcome %	Projected # to be Served	Actual # Served	Projected # to Attain Outcome	For GCS Review	Comments
Mentors are successfully matched with youth.	Mentor/Mentee Matching Log	80%	101%	100	156	80	Y	
Mentors complete training and effective interactions, and address trauma.	Attendance logs and training records for mentors	90%	76%	100		90	N	
Youth achieve and/or maintain academic achievements.	Student progress and report cards	85%	75%	100		95	Y	

EXHIBIT A, FORM 3

Logic Model

LOGIC MODEL

Family

Agency

Community

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Problem/Situation	Service/Activity	Outcome	Indicator	Results	Measurement Tool	Data Source	Frequency
<i>Instruction: Need/ Problem/ Situation</i>	<i>Instruction: What your Agency is doing, such as meetings, trainings, and events in order to achieve outcomes; include # of Clients Serviced, Timeframe & # of Units</i>	<i>Instruction: Statement of Results Expected, such as change in knowledge, attitudes, skills, behaviors, conditions</i>	<i>Instruction: Number (#) and Percent (%) of Clients Expected to Achieve Outcome (# of Clients ÷ by # Served)</i>	<i>Instruction: Actual Number (#) and Percent (%) of Clients who Achieve the Outcome (# of Clients who achieved the outcome ÷ # Served)</i>	<i>Instruction: Evidence Collected (provide specific name of tool; examples of tools include: pre/post surveys or assessments, progress reports</i>	<i>Instruction: Collection Procedure & Personnel Responsible</i>	<i>Instruction: Time & Frequency of Evaluation/Outcome Measurement</i>
Youth need better quality care and more frequent visitation from their parents and relatives/non-relatives	Staff Supported Visits and Sibling-Only Visitations. In addition, staff provides child(ren) transportation to/from the Family Visitation Center.	Child(ren) will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.	97 of 97 (100%) of children will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.		CHS Incident report	CHS Staff will be responsible for reporting Incident Reports.	As needed
Parents need safe and confidential homelike environment to bond with their children	Staff Supported Visits	Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.	55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.		Parental Stress Scale	CHS Staff will be responsible for managing and administering the Parental Stress Scale	Administered at intake and discharge
Parents need safe and confidential homelike environment to bond with their children	Staff Supported Visits	Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.	59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.		Client Satisfaction Surveys	CHS Staff will be responsible for managing and administering the Client Satisfaction Surveys	Administered at discharge
Mission Statement		Our Mission Building bridges to success for children. Our Vision A world where children realize their full potential.					

EXHIBIT A, FORM 4

Annual Report Format

The AGENCY will submit an annual report by entering program specific data into the CBA Portal.



ANNUAL REPORT COMMUNITY BASED AGENCY CONTRACT

Contract Period: 10/01/2023 - 09/29/2024

Executive Summary

Agency Name: The Children's Home Society of Florida

Program Name: The Family Visitation Center

Reporting Period: 10/01/2023 - 09/29/2024

Prepared By: *Click here to enter name and contact information of the person preparing this report.*

Methods: *Click here to enter a short statement of the evaluation methodology.*

Outcomes: *Click here to enter a short statement about the program's outcomes.*

Conclusion: *Click here to enter a short statement that indicates if the program achieved its stated outcomes.*

Recommendations: *Click here to enter a short statement that include recommendations to address challenges and improve this program.*

Report approved and submitted by: *Click or tap here to enter text.*

Title of signatory: *Click or tap here to enter text.*

Date: *Click or tap here to enter date.*

Annual Report

Introduction:

Provide a brief description about your agency and the funded program.

Click here to enter text.

Scope of Work:

Describe the program's scope of work.

Click here to enter text.

Services:

- **Supervised High Sight and Sound Visitation:** For the entire visit, there will be someone else present for the duration of the visit. The supervisor will observe and listen closely to the interactions and conversations between the adult and the child.
- **Supervised Visitation:** There is someone present for the duration of the visit to supervise. They will be watching and listening, but do not need to hear every conversation between the adult and the child.
- **Monitored Visitation:** Will take place at an approved location with someone who is there to monitor the visit. The monitor will be checking in on the visit between the adult and the child. The monitor may not be there for the duration of the visit and is not required to listen and watch but will be observing portions of the visit.
- **Unsupervised Visitation:** No one needs to monitor or supervise the visit with the child. The Judge may still order where and how often visits will occur.
- **Sibling-Only Visitation:** Visits among siblings within dependency care without the legal guardian's attendance.
- **Transportation:** CHS staff provides child(ren) transportation to/from the Family Visitation Center.

Demographics:

Describe and provide totals for the population you served. Highlight any demographic information that is program specific, specify 'other' categories, and provide a summary of challenges and accomplishments serving this population.

Click here to enter text.

Gender	(#)	(%)
Female		
Male		
FTM		
MTF		
Other		

Non-binary		
Not Applicable		
Unknown		
Age	(#)	(%)
0-4		
5-10		
11-13		
14-18		
19-22		
>22		
Unknown		
Not Applicable		
Race	(#)	(%)
Asian/Pacific Islander		
Black or African American		
Hispanic or Latino/a		
Native American or American Indian		
White		
Other		
Multiracial		
Not Applicable		
Unknown		
Family Type	(#)	(%)
Two Parent Household		
Single Parent Female Head of Household		
Single Parent Male Head of Household		
Grandparents		
Other		
Unknown		
Not Applicable		
Household Income	(#)	(%)
\$0.00		
<\$19,999		
\$20-29,999		
\$30-39,999		
\$40-49,999		
\$50-59,999		

>\$60,000	
Unknown	
Not Applicable	

Methodology:

Describe your process of data collection and data analysis. Include any statistical techniques and particular calculations you employed, and explain the rationale for your process.

Click here to enter text.

Outcomes:

Provide a narrative of your findings as supported by your data analysis. List and summarize outcome results as indicated below:

Target: 97 of 97 (100%) of children will not be abused or neglected during supervised visitation as evidenced by CHS Incident reporting.

Actual for the grant year: ___ of ___ (___%) **achieved outcome, as evidence by [click here to enter Data Validator](#).**

Target: 55 of 65 (85%) of Parents will demonstrate improvement in their parenting capacity as evidenced by improvement in the Parental Stress Scale.

Actual for the grant year: ___ of ___ (___%) **achieved outcome, as evidence by [click here to enter Data Validator](#).**

Target: 59 of 65 (91%) of Parents shall indicate positive responses to feeling respected, valued, supported, and involved in their services as demonstrated by the CHS Client Satisfaction Surveys.

Actual for the grant year: ___ of ___ (___%) **achieved outcome, as evidence by [click here to enter Data Validator](#).**

Charts:

Additional charts, graphs, descriptive statistics, and statistical outputs may also be included in this section.

Click here to enter text, charts, or graphs.

Conclusions:

Conclude your report by summarizing your findings. Explain the impact of the outcomes above with program-related quantitative and qualitative data as applicable. Discuss any challenges and limitations of your program as well as your successes. Explain recommended changes to the programs based on your findings.

Click here to enter text.

EXHIBIT B UNIT COST OF SERVICE RATE AND DEFINITION

The Scope of Work to be completed by the AGENCY as defined in Exhibit A, consist of submission to the COUNTY of certain "deliverables" as expressly indicated below. Compensation for the work tasks stated herein shall be in accordance with the following Unit Cost of Service Rate and Definition:

Program Name: The Family Visitation Center	Community Based Agency: The Children's Home Society of Florida	
Contract Period: October 01, 2023 - September 30, 2026		
Unit Cost of Service Rate Definition	Unit Cost of Service Rate	Total Cost of Service
A unit of service is defined as one quarter of direct or indirect visitation services and related work that may include staff supported visits such as supervised high sight and sound, supervised, and monitored, sibling-only visitations, transportation, documentation, data entry, and grant reporting.	\$32,500.00	\$130,000 annually
TOTAL CONTRACT		\$390,000
Deliverables Description:		
<ul style="list-style-type: none"> • Visitation Center Metrics Log: Monthly and quarterly • Proof of Service: Monthly, quarterly, annual, and logic model reports for each month of service, as applicable • Cover Memo/Invoice (signed by authorized representative, including statement as to all units being claimed were 100% allocated to the Scope of Work) 		

EXHIBIT C

Program: Family Visitation Center
 Region: Palm Beach/Broward
 OSC: South

Indicator	Qtr 1			Quarter 1 TOTAL	Qtr 2			Quarter 2 TOTAL	Qtr 3			Quarter 3 TOTAL	Qtr 4			Quarter 4 TOTAL	YTD
	Oct	Nov	Dec		Jan	Feb	Mar		Apr	May	Jun		Jul	Aug	Sep		
Number of families with FSN or other identifiers																	
Number of families with non-FSN Identifier																	
Number of children who attended a visit																	
Number of adults who attended a visit																	
Number of scheduled visits																	
Number of visits that occurred																	
Number of sibling-only visits																	
Number of staff hours used for transportation																	
Number of visits supervised by Dependency Case Management staff (not CHS staff)																	
Number of unsupervised visits																	

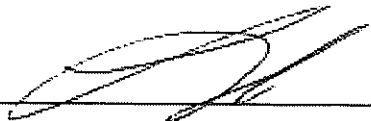
EXHIBIT D

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT
(§ 787.06(13), Fla. Stat.)

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Children's Home Society of FL
(AGENCY) and attest that AGENCY does not use coercion for labor or services as defined in
section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true
and correct.



Lauren Furrter

(signature of officer or representative)
representative)

(printed name of officer or
representative)

State of Florida, County of Indian River

Sworn to and subscribed before me by means of physical presence or online notarization
this, 9th day of August
2021, by Lauren Furrter

Personally known OR produced identification .

Type of identification produced Florida Driver License

 David Bassett

NOTARY PUBLIC

My Commission Expires: May 31, 2021
State of Florida at large



DAVID BASSETT
Commission # 148405121
Expires May 31, 2021

(Notary Seal)