



Palm Beach County Rules and Regulations Governing Child Care Facilities, Florida, adopted pursuant Chapter 2010-249 Special Acts, Laws of Florida

**CHILD CARE FACILITY/CURRENT PERSONNEL LIST
AFFIDAVIT**

I, _____ individually on behalf
(Operator/Director)

of _____ located at
(Name of facility)

_____ do hereby
(Address)

affirm, under penalty of perjury that the **facility owner and operator, and all employees and volunteers** of the above named facility who come in contact with children are listed below and that they have been screened and meet the **Standards of Good Moral Character** as specified in Chapter 402.305 Florida Statutes. Screening consists of employee signing and completing an Affidavit of Good Moral Character, submitting fingerprints and other forms as prescribed by the local licensing agency, Florida Department of Health in Palm Beach County, and submitting those to the appropriate agencies for processing: Palm Beach County Sheriff's Office, Florida Department of Law Enforcement, Florida Department of Health in Palm Beach County, and Florida Department of Children & Families.

Signature of Director/Operator

Sworn to and subscribed before me this _____ day of _____ 20_____.

My Commission Expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by:

List all facility personnel including owners, director, employees, and volunteers.

KEY:
 D = Director/Operator
 E = Employee
 V = Volunteer
 Ow = Owner

This document contains CONFIDENTIAL INFORMATION when completed. Please Handle Securely.

Name (Full first and last names)	Date of Hire	Date of Birth	Social Security Number*	Date of Last Annual PBSO Arrest History Check	Position at Facility (Check all that apply)
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*Social security number is required for verification of background screening results or eligibility to work with children.