



Rules and Regulations Governing Child Care Facilities in Palm Beach County, Florida, Adopted Pursuant to Chapter 59-1698, Special Acts, Laws of Florida as Amended by Chapter 2010-249

**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 or if new employees, are awaiting the results of screening 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 Health Department, and submitting those to the appropriate agencies for processing: Palm Beach County Sheriff's Office, Florida Department of Law Enforcement, Palm Beach County Health Department, and the Department of Children & Families.

Director/Operator

Date

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:

**Please list all facility staff:
 Owner, operator/director, employees, and volunteers.
 Clearance dates for owner & operator may be omitted
 as this information is obtained by the Department.**

KEY:	
<input type="checkbox"/> D	= Director/Operator
<input type="checkbox"/> E	= Employee
<input type="checkbox"/> V	= Volunteer
<input type="checkbox"/> Ow	= Owner

Name	Date of Birth	Date of Hire	Date Child Abuse & Neglect Completed	Date Updated Affidavit of Good Moral Character Completed	Date Clearance Completed	Position at Facility
						<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Ow <input type="checkbox"/> V
						<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Ow <input type="checkbox"/> V
						<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Ow <input type="checkbox"/> V
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