AFFIDAVIT OF COMPLIANCE

Background Screening Requirements for Family Foster Homes, Child Caring Agencies, Child Placing Agencies, and Child Care Personnel

To be returned with the application.
List all persons employed in the Family Foster Home, Child Caring Agency, Child Placing Agency or Child Care Facility and complete all information requested.

Authority: s. 402.305(2)(a)&(b), F.S.
s. 435.05(3), F.S.
s. 435.04, F.S.
s. 409.175(6)(c), F.S.

DESIGNATE EMPLOYEE BACKGROUND SCREENING STATUS AS:

Incomplete forms will be returned and will delay the re-licensure process.

C – CLEARED — Clearance Letter on File
S – SUBMITTED — Results Pending
T – TRANSFER — Transfer From Other Facility

Name	Social Security	Date Hired	Date Screening Submitted	Status: (check one) C	S	T	5 Year Re-screening Date

I, _____, Applicant of _____
Family Foster Home, Child Caring Agency, Child Placing Agency or Child Care Facility, do hereby affirm under penalty of perjury that all child care personnel meet the statutory requirements for background screening.

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

_____
Signature of Affiant

_____
Notary Public, State of Florida

_____
CSIS Facility ID Number

My Commission Expires _____