



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
 S – SUBMITTED
 T – TRANSFER

Clearance Letter on File
 Results Pending
 Transfer From Other Facility

| Name | Social Security | Date Hired | Date Screening Submitted | Status: (check one) | | | 5 Year Re-screening Date |
|-------------|-----------------|------------|--------------------------|---------------------|---|---|--------------------------|
| | | | | C | S | T | |
| Betty White | 1958 | 02/01/18 | 02/02/18 | X | | | 02/02/24 |
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I, Camp Director's name must be entered here, Applicant of Camp Name must be entered here
 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 _____, _____.

Camp Director must be sign here

 Signature of Affiant

 Notary Public, State of Florida

 CSIS Facility ID Number

My Commission Expires Date must be valid