



Child Care

Authorized Designee Form

Should be completed by: Chief Executive Officer of corporation, Owner, or Board of Director appointed member for said Child Care Business.

Name of Child Care Operation:		Provider Number:	
Address:		City/State	ZIP Code:
Governing Body or Organization Name:		Telephone Number:	
Governing Body Address:		City/State:	ZIP Code:
Please Print the Name of CEO/Owner of Governing Body:		Title:	
Telephone Number:		Email Address:	
Mailing Address (if different from above)		City/State:	ZIP Code:
Name of Designee for Child Care Operation:		Title of Designee:	
1.			
2.			
3.			

I hereby designate the person(s) stated above as official representative(s) (designees) to speak for and act on our organization's behalf. **Must check all boxes:**

- I understand that all correspondence, copies of documents, will be sent to the designee.
- I understand that as the permit holder, the governing body is ultimately responsible for maintaining rules of Workforce Solutions Child Care provider's handbook.
- I understand that all waivers and variances must be requested and signed by Executive Officer/Owner or by the designee.
- I understand that anytime there is a change in the designee or director of an operation the governing body is responsible for notifying Workforce Solutions Child Care in a timely manner.

- Yes No I request that copies of all documentation also be forward to the Governing Body address.

CEO or Governing Body

 Title

 Date

Printed Name

 Workforce Solutions Staff Signature

 Date: