



## APPLICATION FOR A LICENSE TO OPERATE A FAMILY CHILD CARE HOME (FCCH) OR A LARGE FAMILY CHILD CARE HOME (Large FCCH):

FCCH       Large FCCH

*PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK*

**Instructions:** All information on this Application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. An incomplete Application will not be accepted. Please contact Child Care Licensing and Enforcement ("CCLE") if there are any questions relating to this Application.

**\*FOR LICENSE RENEWAL ONLY:** Renewal of a license is contingent upon the payment of any administrative fines previously imposed for any notice of violation(s) issued to a FCCH or Large FCCH under the license that was either not contested, or was upheld on appeal following the conclusion of all available legal remedies. If, at the time of submission of this Application for license renewal, there is a pending administrative hearing, or other appellate action, relating to the imposition of an administrative fine, it shall not affect the renewal of the license.

<b>SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)</b>												
Application type: <input type="checkbox"/> Initial <input type="checkbox"/> *Renewal <input type="checkbox"/> Revision of Existing License <input type="checkbox"/> Change of resident/personnel												
Name (First, Middle and/or Maiden, Last):								Telephone Number (including area code):				
								Alternate Telephone Number:				
Address (physical address – not a P.O. Box):												
Mailing Address, if different (include City and zip code):												
Official E-mail Address:												
License #:						Fax Number (including area code):						
<b>Days and Hours of Operation – please check AM or PM as applicable:</b>												
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
<input type="checkbox"/> 23 hour care	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM					
Opening Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM					
Closing Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM					
<b>Months of Operation:</b> <input type="checkbox"/> School Year Only <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____												
<b>Check all service options that apply:</b>												
<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Drop-In	<input type="checkbox"/> Night Care	<input type="checkbox"/> Before School	<input type="checkbox"/> Swimming Pool on site							
<input type="checkbox"/> After School	<input type="checkbox"/> Weekend	<input type="checkbox"/> Infant Care (0-1)	<input type="checkbox"/> Food Served	<input type="checkbox"/> Transportation								

**SECTION 2: CORPORATION, if applicable (Special Instructions: For an INITIAL Application for a license to operate a FCCH or a Large FCCH, attach Articles of Incorporation, which must include the names, title/office, address, and telephone number for each member of the Board of Directors. Also, attach the name and telephone number of the corporation's registered agent. For a RENEWAL Application, attach a current copy of Certificate of Status/Certificate of Authorization from the Florida Department of State available through SunBiz.org.)**

Name of Corporation:		Corporation #:	
Address of Corporation:		Incorporated in which State?	
		If out of state, is the corporation registered in the State of Florida?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No, If no, please register prior to submitting the Application.	
City:	State:	Zip Code:	Telephone Number: (     )
Designated Corporate Representative:			

**SECTION 3: OTHER \*RESIDENTS** – I understand that as requirement for licensure, CCLE has the right to conduct background screening on myself and other family members, as provided for in the definition of "family child care home personnel" set forth in Section 20-293(10), Broward County Code of Ordinances, which includes, but is not limited to, employment history checks, a criminal records check, and a Central Abuse Hotline Records Search. Use as many lines as needed and attach additional sheets if necessary.

*\*Individuals at this address including boarders are considered Residents.*

NAME	RELATIONSHIP	DATE OF BIRTH

**SECTION 4: SUBSTITUTE PLAN (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

Section 402.3131, Florida Statutes, requires FCCH and Large FCCH operators to provide proof of a written plan for at least one other competent adult to be available to substitute for the operator in the case of an emergency. This plan shall include the name, address, and telephone number of the designated substitute. Proof of background screening clearance and completion of required training for the designated substitute must be submitted with this Application. Any change to the plan regarding the designated substitute(s) that occurs during the FCCH's or Large FCCH's licensure year must be submitted to CCLE for approval within 5 working days of the change. Provide the required information below (attach additional sheets, if necessary for additional designated substitutes):

Name of Designated Substitute:	Telephone Number:
Number of Hours Designated Substitute Works in the Home Monthly:	
Does the Designated Substitute work in another FCCH(s)/Large FCCH(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list the names of the other FCCH(s)/Large FCCH(s).	
Address of Designated Substitute:	

<b>SECTION 5: EMPLOYEE(S) WORKING IN LARGE FCCH</b>		
NAME	DATE OF BIRTH	TRAINING COMPLETED (30 HOURS and LITERACY)

<b>SECTION 6: OWNER OF REAL PROPERTY (as the name appears on the deed to the property)</b>	
Name (First, Middle and/or Maiden, Last):	Telephone Number (including area code):
Owner's Home Address:	

<b>SECTION 7: ATTESTATION</b>
Has the owner, applicant, or operator ever had a family child care home or child care facility license, permit, or registration denied, revoked, or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined while employed in a child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please explain: (attach additional sheet(s) if necessary):
Have you or anyone identified under Section 2 of this Application as an owner ever held a license (child care, foster care, or cosmetology, etc.) with any state agency in any capacity other than a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, where, what type of license, license number, and under what name?
Prior to receiving a license, I, the owner/operator, and all known family child care home personnel and other household residents, have submitted background screening information. <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please explain (attach additional sheet(s), if necessary):

**AFFIDAVIT**  
for Background Screening Checks

I, \_\_\_\_\_  
individually, and on behalf of \_\_\_\_\_

(Family Child Care Home), pursuant to Section 402.302, Florida Statutes, do hereby, under penalty of perjury, certify that all new family child care home personnel, as defined in Section 20-293(10), Broward County Code of Ordinances, at the above-referenced Family Child Care Home have completed all the background screening requirements set forth in Sections 402.313 or 402.3131, Florida Statutes, as applicable. The remaining family child care personnel have worked or resided at the applicant's Family Child Care Home on a continuous basis since being initially screened, and are in compliance with the background screening requirements set forth in Sections 402.305(2) and 402.3055, Florida Statutes.

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**I HEREBY SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION IS TRUE  
AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable health/medical information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public, and to otherwise ensure the privacy of such information. The applicant's signature on this Application indicates that the applicant agrees to comply with the requirements of HIPAA by protecting the confidentiality of employee's and children's health/medical records in its possession.

\_\_\_\_\_  
Operator/Provider Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_  
(Name of person acknowledged)

My commission expires:

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print or Type Commissioned Name of Notary Public

- Personally Known  
or
- Produced Identification

Type: \_\_\_\_\_

**Note:** Incomplete, inaccurate, or false information relevant to this Application will be grounds for a denial for a Large FCCH License or for revocation of a current Large Family Child Care Home License. A license is not transferable from the operator/provider to another operator/provider, or from one location to another.

**Do Not Write Below This Line – Official Use Only**

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<b>CUSTOMER SERVICE REPRESENTATIVE</b>				
Date Application Received:	Date Fee Received:	Amount of Fee:	Check Number:	Received by:
Notes:				
Sexual Offender Address Cross- Reference: <a href="http://offender.fdle.state.fl.us">http://offender.fdle.state.fl.us</a>	Date of Search:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conducted by:	
Notes:				

<b>CHILD CARE LICENSING SPECIALIST</b>		
Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Review:	Reviewed By:
Notes:		

<b>CHILD CARE LICENSING SUPERVISOR</b>	
Supervisory Approval Signature:	Date Approved:
Notes:	



## Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

**Categories include:**

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflorida.com/childcare](http://www.myflorida.com/childcare) and select "Training Requirements." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

\_\_\_\_\_  
Signature of Employee (for facility or large family child care home)

\_\_\_\_\_  
Signature of Operator

