



## APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

DATE OF APPLICATION: \_\_\_\_\_

**Instructions:** All information on this Application must be truthful and correct. Complete this Application in its entirety, as appropriate. 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 child care facility under the license that was either not contested, or 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.

SECTION 1: FACILITY INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)												
Application type: <input type="checkbox"/> Initial <input type="checkbox"/> *Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Revision of Existing License <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Director (complete sections 1, 5, and 6)												
Name of Child Care Facility as it is to appear on the license.								Telephone Number:				
								Alternate Telephone Number:				
Address of Child Care Facility (include City and zip code):												
Mailing Address of Child Care Facility, if different (include City and zip code):												
School Official E-mail Address:												
License Number:				Licensed Capacity:				Fax Number:				
SECTION 2: PROGRAM INFORMATION												
<b>Days and Hours of Operation:</b>												
Monday                      Tuesday                      Wednesday                      Thursday                      Friday                      Saturday                      Sunday												
Opening Time: _____												
Closing Time: _____												
Ages in care: <input type="checkbox"/> Infants 0-1 <input type="checkbox"/> Age 1 <input type="checkbox"/> Age 2 <input type="checkbox"/> Age 3 <input type="checkbox"/> Age 4 <input type="checkbox"/> Age 5 <input type="checkbox"/> Ages 5 and up												
Months of Operation: <input type="checkbox"/> School Year Only <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____												
<b>Check all service options that apply:</b>						<b>Program operated as a:</b>						
<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Drop-In <input type="checkbox"/> Night Care						<input type="checkbox"/> Child Care Facility						
<input type="checkbox"/> After School <input type="checkbox"/> Before School <input type="checkbox"/> Weekend Care <input type="checkbox"/> Infant Care						<input type="checkbox"/> Before and After School Child Care Only						
<input type="checkbox"/> Food Served <input type="checkbox"/> Summer Care						<input type="checkbox"/> Drop-In Child Care Facility Only						
						<input type="checkbox"/> Urban Child Care Facility						
						<input type="checkbox"/> Indoor Recreational Facility						
Swimming Pool on site: <input type="checkbox"/> Yes <input type="checkbox"/> No												
Transportation provided by Child Care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Transportation provided by Leasing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No    Name of Leasing Company: _____												

<b>SECTION 3: REAL PROPERTY INFORMATION</b>	
Owner of Real Property on which the Child Care Facility is located:	Telephone Number:
Property Owner's mailing address:	

<b>SECTION 4: OWNERSHIP TYPE (Check one box only)</b>		
<input type="checkbox"/> Corporation or Limited Liability Company	Provide Corporation/LLC Documentation	Complete Section 4A <b>ONLY</b>
<input type="checkbox"/> Individual Ownership/Partnership – Not Incorporated	Partnership Individual or Partnership Documentation	Complete Section 4B <b>ONLY</b>
<input type="checkbox"/> Other Entity – Not Incorporated	e.g. Local Government, Parks and Recreation, or Faith Based	Complete Section 4C <b>ONLY</b>

<b>SECTION 4A: CORPORATION/LLC</b> (For an <b>INITIAL</b> Application for a license to operate a Child Care Facility, attach <b>Articles of Incorporation</b> , which must include the names, title/office, address, and telephone number for each Board member. Attach the name and telephone number of the corporation/LLC registered agent. For a <b>RENEWAL</b> 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/LLC:	Corporation/LLC #:
Address of Corporation/LLC:	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.
Designated Representative: (Use Addendum page for additional Board Members):	

<b>SECTION 4B: INDIVIDUAL OWNERSHIP OR PARTNERSHIP – NOT INCORPORATED.</b> If a Partnership, attach copy of Partnership Agreement, and complete below for each owner. Attach additional sheets if more than two (2) partners.	
Owner #1 (First, Middle and/or Maiden, Last Name):	
Home Address:	
Telephone Number:	Date of Birth:
Owner #2 (First, Middle and/or Maiden, Last Name):	
Home Address:	
Telephone Number:	Date of Birth:

**SECTION 4C: OTHER ENTITY – NOT INCORPORATED.** Complete this section.

Name of Entity:

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Entity's Designated Representative (First, Middle and/or Maiden, Last Name):

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Address of Entity:

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Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION 5: ON-SITE DIRECTOR INFORMATION – To be completed by all applicants:** An On-site Director holds a Director Credential, is responsible for the day-to-day operation of the child care facility, and is required to be on-site the majority of operating hours. A Multi-site Director holds a Director Credential and supervises multiple before-school and after-school programs for a single organization as follows: (a) Three sites regardless of the number of children enrolled, or (b) More than three sites, if the combined number of children does not exceed 350.

Name (First, Middle and/or Maiden, Last Name):

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Home Address:

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Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If applicable, Name of Multi-site Programs and number of children enrolled:

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Have you ever used or been known by any other name?: If so, please state in full each name used or by which you have at any time been known and the reasons for each name, i.e. maiden name.

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Have you even been arrested or convicted of any crime?:  Yes  No

If Yes, please explain: (attach additional sheet(s) if necessary).

Director Credential Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all places of employment for the past five (5) years and any other employment relating to the care of children (attach additional sheets if necessary):

Employer	Employment Dates From: To:	U.S. State	Position	Telephone No.
1.				
2.				
3.				
4.				
5.				

**SECTION 6: ATTESTATION (To be completed by all applicants)**

Have you or anyone identified on this Application as an owner under Section 4 ever held a license (child care, foster care, or cosmetology, etc.) with any state agency in any capacity other than a driver's license?

Yes  No If Yes, where, what type of license, license number, and under what name?

Has the owner, applicant, or director ever had a child care facility or family child care home 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?

Yes  No If Yes, please explain: (attach additional sheet(s) if necessary)

Pursuant to Section 402.3054, F.S., child enrichment service providers shall be of good moral character based upon screening, using level 2 standards set forth in Chapter 435, F.S. If a child enrichment service provider is utilized, the director of the child care facility must ensure that the child enrichment service provider is screened accordingly, and written consent is obtained from parents/guardians prior to a child participating in activities conducted by the child enrichment service provider.

It is agreed that the undersigned has reviewed the Chapter 7, Broward County Code of Ordinances, and Chapter 65 C-22 of the Florida Administrative Code as relating to Child Care Facilities, and other applicable statutes and rules referenced therein, and will adhere to same. This information is accessible through the Child Care Licensing Enforcement website.

<http://childcare.broward.org>

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

Pursuant to section 435.05(3), F.S., each employer must attest via signed affidavit compliance the provisions of Chapter 435.04, F.S. By signing below, I \_\_\_\_\_, Applicant of \_\_\_\_\_ Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

Falsification of any information in this Application is grounds for denial or revocation of the license to operate a child care facility. This Application will be returned if it is incomplete or inaccurate. The signature of the applicant on this Application indicates the applicant's understanding and assurance as to compliance with the above.

**Under penalty of perjury, I hereby attest that, to the best of my knowledge and belief, the information contained in this Application is truthful and correct. This Application maybe withdrawn at any time the applicant so desires.**

\_\_\_\_\_  
Signature of Owner or Director 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: \_\_\_\_\_

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

<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:	

APPLICATION FOR A LICENSE TO OPERATE A CHILD CARE FACILITY ADDENDUM PAGE

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:

Board Member Information			
Name (First, Middle and/or Maiden, Last):		Title:	
Street Address:	State:	Zip:	County:





## 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



**DIRECTOR'S WORK SCHEDULE**

**(to be returned with your relicensing packet)**

**Name of Facility:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Director's Name:** \_\_\_\_\_

**(Please print legibly)**

**Work Schedule**

<b>DAY OF THE WEEK</b>	<b>TIME DIRECTOR ARRIVES</b>	<b>TIME DIRECTOR LEAVES</b>
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		
<b>THURSDAY</b>		
<b>FRIDAY</b>		

**Director's Signature:** \_\_\_\_\_

**Date this schedule was completed:** \_\_\_\_\_