



**APPLICATION FOR REGISTRATION AS A SUBSTANTIAL COMPLIANCE
 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. Not all sections apply. An incomplete Applications will not be accepted. Please contact Child Care Licensing and Enforcement ("CCLE") if there are any questions relating to this Application.

SECTION 1: FACILITY INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Application type: Initial *Renewal Change of Ownership Revision of Existing Registration
 Change of Location Change of Operator (complete sections 1, 5, and 6)

Name of Child Care Facility as it is to appear on the registration: _____ Telephone Number: _____
 Alternate Telephone Number: _____

Address of Child Care Facility (physical address): _____

Mailing Address of Child Care Facility, if different (include City and zip code): _____

License Number: _____ Fax Number: _____

School Official E-mail: _____

SECTION 2: PROGRAM INFORMATION

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time:	_____	_____	_____	_____	_____	_____	_____
Closing Time:	_____	_____	_____	_____	_____	_____	_____

Ages in care: Infants 0-1 Age 1 Age 2 Age 3 Age 4 Age 5 Ages 5 and up

Months of Operation: School Year Only 12 months Other _____

Check all service options that apply:

Full Day Half Day Drop-In Night Care Before School After School

Weekend Care Infant Care Food Served Summer Care

Swimming Pool on site: Yes No

Transportation provided by Child Care Facility? Yes No

Transportation provided by Leasing Company? Yes No Name of Leasing Company _____

SECTION 3: REAL PROPERTY INFORMATION		
Owner of Real Property on which the Child Care Facility is located:		Telephone Number ()
Property Owner's mailing address):	City:	Zip Code:

SECTION 4: OWNERSHIP TYPE		
<input type="checkbox"/> Corporation	Provide Corporation Documentation	Complete Section 4A ONLY
<input type="checkbox"/> Individual Ownership/Partnership – Not Incorporated	Partnership Individual or Partnership Documentation	Complete Section 4B ONLY
<input type="checkbox"/> Other Entity – Not Incorporated	e.g. Local Government, Parks and Recreation, or Faith Based	Complete Section 4C ONLY

SECTION 4A: CORPORATION (for an INITIAL Application for registration as a Substantial Compliance Child Care Facility, 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/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 application.		
City:	State:	Zip Code:	Telephone Number:
Designated Corporate Representative: (Use Addendum page for additional Board Members):			Date of Birth:
Home Address:	City:	State:	Zip Code:

SECTION 4B: INDIVIDUAL OWNERSHIP OR PARTNERSHIP – NOT INCORPORATED. If a Partnership, attach copy of the 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:	City:	State:	Zip Code:
Telephone Number:	Date of Birth:		
Owner #2 (First, Middle and/or Maiden, Last Name):			
Home Address:	City:	State:	Zip Code:
Telephone Number:	Date of Birth:		

SECTION 4C: OTHER ENTITY – NOT INCORPORATED Complete this section.			
Name of Entity:			
Entity's Designated Representative (First, Middle and/or Maiden, Last Name):			
Home Address:	City:	State:	Zip Code:
Telephone Number:		Date of Birth:	

SECTION 5: ON-SITE OPERATOR INFORMATION – To be completed by all applicants.																																									
Name (First, Middle and/or Maiden, Last):																																									
Home Address:	City:	State:	Zip Code:																																						
Telephone Number:		Date of Birth:																																							
<p>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.</p> <p>_____</p> <p>_____</p>																																									
<p>Have you even been arrested or convicted of any crime: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain: (attach additional sheet(s) if necessary).</p>																																									
<p>List all places of employment for the past two (2) years or last three (3) jobs, and any other employment relating to the care of children (attach additional sheets if necessary):</p> <table border="1"> <thead> <tr> <th rowspan="2">Employer</th> <th colspan="2">Employment Dates</th> <th rowspan="2">U.S. State</th> <th rowspan="2">Position</th> <th rowspan="2">Telephone No.</th> </tr> <tr> <th>From:</th> <th>To:</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Employer	Employment Dates		U.S. State	Position	Telephone No.	From:	To:	1.						2.						3.						4.						5.					
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Do Not Write Below This Line – Official Use Only

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

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

CHILD CARE LICENSING SUPERVISOR	
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:

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Street Address:	State:	Zip:	County:

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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 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



Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION / CHILD CARE LICENSING & ENFORCEMENT SECTION
One North University Drive, Plantation, Florida 33324 • 954-357-4800

RELIGIOUS EXEMPTION FROM LICENSURE ANNUAL STATEMENT

Name of Child Care Facility/Program (Please type or print clearly) () Phone Number

located at Facility's/Program's Physical Address

Mailing Address (if different from above)

is an integral part of Name of Church/School

"a church or parochial school conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an accrediting organization which publishes and requires compliance with its standards for health, safety and sanitation", pursuant to section 402.316(1), Florida Statutes.

Attached is a copy of our current accreditation or membership certificate from a recognized accrediting organization whereby we meet their published standards for health, safety and sanitation.

Additionally, we are aware of our facility's statutory responsibilities to meet the following requirements:

- Minimum requirements of the applicable local governing body as to health, sanitation, and safety (s. 402.316(1), Florida Statutes).
• Background screening requirements (ss. 402.305, 402-3055, 435.04, 435.05, and 435.06 Florida Statutes).

Note: Effective August 1, 2010, an employer may not hire, select or otherwise allow and employee to have contact with any children in child care until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment.

We understand that failure on the part of our facility to comply with the background screening requirements shall result in the loss of the facility's exemption from licensure (s. 402.316(1), Florida Statutes).

Please complete and submit this statement to Broward County Child Care Licensing and Enforcement office at the following address:

Broward County
Child Care Licensing and Enforcement Section
One North University Drive, Plantation, FL 33324

I do hereby affirm under penalty of perjury that all child care personnel meet the statutory requirements for background screening pursuant to s. 435.05(3), Florida Statutes.

Authorized Signature Date

STATE OF FLORIDA
COUNTY OF
Sworn to and subscribed before me this day of , 20
Notary Public, State of Florida (Print, Type or Stamp Commissioned Name of Notary Public)
Personally known OR Produced Identification
Type of Identification Produced