



Resilient Environment Department
 Consumer Protection Division
Child Care Licensing and Enforcement Section
 1 North University Drive • Plantation, Florida 33324 • 954-357-4800

APPLICATION FOR EXEMPTION FROM LICENSURE

Please answer the following questions. Child Care Licensing and Enforcement (CCLE) will determine if your facility is subject to licensure as a "child care program," pursuant to Section 402.302(1), Florida Statutes, and Chapter 7, Broward County Code of Ordinances, or determine if your program meets the qualifications for an exemption from same. This application will be reviewed by CCLE and may require a site inspection prior to a determination being made as to the necessity for licensure. (Attach additional sheets if necessary)

PROGRAM INFORMATION		
Facility Name:		
Program Name:		
Corporation Name <i>(Provide list of officers and board of directors, including dates of birth):</i>		
Street Address:	City:	Zip Code:
Mailing Address:	City:	Zip Code:
Telephone Number:	Fax Number:	
Authorized Representative:	Telephone Number:	
Email Address:		
Days of Operation:	How many hours are children allowed on site:	Age range of children:

PROGRAM OVERVIEW	
1. What is the purpose of the program? <i>(Provide a description of the program.)</i>	
2. Who will be in charge of the program and what are the individual's qualifications?	
3. How long has the program been in operation?	Not open yet: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe the physical location of the program(s). Who owns the building/real property?	

<p>5. Is there an outdoor play area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it adjacent to the facility where the program will be/is located? <input type="checkbox"/> Yes <input type="checkbox"/> No. (Please describe)</p>
<p>6. Are the parents required to remain on the premises at all times while the children are in attendance at the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are there children, even those as young as five years of age, who are allowed to enter and leave the program at any time without permission, prior arrangements, or supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the program clearly indicate that they do not assume responsibility for the supervision of the children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Is the program operated by or affiliated with a national membership non-profit organization that certifies membership organizations as of February 1, 2017 in at least ten (10) states, and that was created for the purpose of providing activities that contribute to the development of good character or good sportsmanship, or to the education or cultural development of minors in this state, and that charges a membership fee for children and may receive grant funding for services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the program certified by its national association as complying with the association's purposes, procedures, minimum standards, and mandatory requirements for all of its before school, after school, or out of school time programs? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please list the states in which the organization operates.)</p> <p>a. Submit a certification from the national membership association stating/attesting the program(s) (list names of program to correlate with the notification from the club.</p> <p>b. Submit a completed/signed/notarized Affidavit of Compliance form attesting that all of the program staff have been screened pursuant to s. 402.302, F.S.</p>
<p>9. Has the program ever applied for or previously been licensed or registered by CCLE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the license ever suspended, revoked, or application for licensure denied? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide dates and details.)</p>
<p>10. Is the program currently designated as a DCF Gold Seal Quality Care Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, does the program intend to apply to become a DCF Gold Seal Quality care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Is the program to be offered currently accredited, certified, or a member of any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by what agency or authority? (Provide a photo-copy of your current certification, membership, if applicable.)</p>
<p>12. When will the program be offered? <input type="checkbox"/> Year round <input type="checkbox"/> School year <input type="checkbox"/> Summer only <input type="checkbox"/> Holidays <input type="checkbox"/> Early release days <input type="checkbox"/> Other _____</p>

<p>PROGRAM SERVICES</p>
<p>1. Are the services provided strictly instructional or tutorial/academic in nature? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide a detailed schedule of all activities offered by the agency for the program from the time the child arrives at the facility to the time the child leaves the facility, including any transportation.)</p>
<p>2. If the answer to #1 above is yes, does staff assist with activities beyond the program's instructional or tutorial/academic activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)</p>

3. Does the program provide time for children to engage in activities such as, but not limited to, homework, watching movies, playing video games, etc., until parental pickup? Yes No (If yes, explain)

4. In the tables below please indicate any instructional and tutorial/academic activities that are offered to the children in the program. Please list any additional instructional activities provided.

Instructional Activities	Duration In Minutes	Instructional Activities	Duration In Minutes
Computer/Technology <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Academics/STEM <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Gymnastics <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Ballet/dance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Test Preparation <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Martial arts/Karate <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Music <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sports <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Other: _____	_____
Tutoring <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Arts and Crafts <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

5. Does the enrollment information clearly define the duration of each instructional/tutorial session? Yes No

6. If non-instructional activities are included, please indicate the duration of each activity below. Please list any additional non-instructional activities provided.

Non-Instructional Activities	Duration In Minutes	Non-Instructional Activities	Duration In Minutes
Free Play <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Meals/Snacks <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sports Activity <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Homework <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	_____	Other: _____	_____

7. Does the enrollment information clearly define the duration of each non-instructional session? Yes No

8. How is the program presented to the parents? (Attach copies of promotional literature advertisement, brochure, flyers, etc., provided to parents or the public.)

Do any of your flyers, brochures or promotional materials including vehicles indicate that the program offered is aftercare? Yes No

9. Are meals or snacks provided? Yes No (If yes, Please answer the following questions.)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Are meals prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are snacks prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are prepackaged meals provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Are prepackaged snacks provided? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are drinks/snacks requiring refrigeration provided? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are drinks/snacks not requiring refrigeration provided? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

10. Is transportation provided? Yes No. Is transportation provided by an outside entity? Yes No
If yes, please provide name of entity providing transportation.

11. Please describe the nature of the transportation.

12. Are all vehicles that are transporting children equipped with child safety alarm devices? Yes No

PROGRAM FUNDING

1. How is the program funded? *(Attach a list of all grants, donations, trusts, etc. received with the names of the funders, purpose of funding, and amount of funding)*

2. Does the program have a contract with the Early Learning Coalition (ELC) to provide School Readiness services?

Yes No

3. Does the program plan to apply for School Readiness funding? Yes No

4. Are there any fees, dues, tuition, grants, or other payment arrangements made for the care of the children?

Yes No *(Please describe (how much, how often, etc.)*

If the County determines that the program, as presented, is not subject to licensure as a child care program, a written exemption letter will be provided. The exemption status is valid for one year from the date the exemption is granted, unless there are any changes to the location of the program, ownership of the program, activities schedule, ages of children enrolled in the program, daily duration of the program, or any other changes that alter the structure or nature of the program in such a manner from how it was initially presented, that licensure is required. A revised Exemption Application is required any time there is any substantive change to the program as described in this paragraph.

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

Printed Name of Authorized Representative

Signature of Authorized Representative

Date

MAIL OR EMAIL APPLICATION TO:

Melinda Harrison, Manager
Childcare Licensing and Enforcement Section
1 N University Drive • Plantation, Florida 33324
mcharrison@broward.org

CCLE OFFICIAL USE ONLY

Date Application Received:

Date Site Visit Conducted:

Date Forwarded to Office of the
County Attorney for Legal Review:

Date of Legal Opinion:



AFFIDAVIT OF COMPLIANCE

Background Screening Requirements for School Age Child Care Program Licensure Exemption Request Form

To be returned with the application.

List all persons employed in the School Age Child Care Program who are deemed "child care personnel" as defined in Section s. 402.302, F.S., and complete all information requested.

Authority: s. 402.305 F.S.
s. 402.3055 F.S.
Rule 65C-22.008, F.A.C.

DESIGNATE EMPLOYEE BACKGROUND SCREENING STATUS AS:

Incomplete forms will be returned and may delay the request for exemption process.

C – CLEARED Clearance Letter on File
S – SUBMITTED Results Pending
T – TRANSFER Transfer From Other Facility

Name	Social Security	Date Hired	Date Screening Submitted	Status: (check one)			5 Year Re-screening Date
				C	S	T	

I, _____, as the Applicant, duly authorized to execute this document on behalf of _____ School Age Child Care Program do hereby affirm under penalty of perjury that all persons required to comply with the statutory requirements for background screening have been screened and are eligible for employment. All persons required to be screened are included on the roster above.

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public, State of Florida
My Commission Expires _____

Signature of Affiant _____
Facility ID Number _____