



**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. An incomplete application 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: <input type="checkbox"/> Initial <input type="checkbox"/> *Renewal <input type="checkbox"/> Revision of Existing Registration, list changes: _____ <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Director/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 (include City and zip code):		
Mailing Address of Child Care Facility, if different (include City and zip code):		
Official Facility E-mail Address:		
Registration Number:	Capacity:	Fax Number:
Name of Accrediting Agency:		Accreditation Expiration Date:

**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  After School  Before 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:	

SECTION 4: OWNERSHIP TYPE (Check one box only)		
<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	Provide 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>

SECTION 4A: CORPORATION or LIMITED LIABILITY COMPANY	
Name of Corporation/Company:	SunBiz Document Number:
Address of Corporation/Company:	Incorporated/Organized in which US State:
	If out of state, is the corporation/company 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:	

Board Member Information – attach additional pages if necessary			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: Circle YES or NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

**SECTION 4B: INDIVIDUAL OWNERSHIP OR PARTNERSHIP – NOT INCORPORATED.** If a Partnership, attach copy of Partnership Agreement, and complete below for each owner. Attach additional sheets if more than two (2) partners.

Individual Owner or Partner #1 Name:

Home Address:

Telephone Number:	Date of Birth:
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Partner #2 Name, if applicable:

Home Address:

Telephone Number:	Date of Birth:
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**SECTION 4C: OTHER ENTITY – NOT INCORPORATED**

Name of Entity:

Entity's Designated Representative (First and Last Name):

Address of Entity:

Telephone Number:

**SECTION 5: ON-SITE OPERATOR INFORMATION – To be completed by all applicants:**

First and Last Name:

Home Address:

Telephone Number:	Date of Birth:
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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.

\_\_\_\_\_

\_\_\_\_\_

**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 or registration (child care, foster care, 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?

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: ATTESTATION (Continued)**

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.
- 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 s. 39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the “Rilya Wilson Act.” Your signature on this application indicates acknowledgement of receipt of such information
- In accordance with s. 402.319(3), F.S., each child care facility must annually submit an affidavit of compliance with the provisions of s. 39.201, F.S., regarding the requirements of a mandated reporter. By signing below, I, \_\_\_\_\_, applicant of \_\_\_\_\_ Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 39.201, F.S.
- Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S. regarding the statutory requirements for background screening. 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. Your signature on this application indicates your understanding and compliance with this law.

**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 Designee

\_\_\_\_\_  
Date

**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:	





Resilient Environment Department
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