



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																								
Days and Hours of Operation:																								
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 _____																								
<table style="width:100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;">Check all service options that apply:</td> <td style="width: 40%; padding: 5px;">Program operated as a:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Drop-In <input type="checkbox"/> Night Care</td> <td style="padding: 5px;"><input type="checkbox"/> Child Care Facility</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> After School <input type="checkbox"/> Before School <input type="checkbox"/> Weekend Care <input type="checkbox"/> Infant Care</td> <td style="padding: 5px;"><input type="checkbox"/> Before and After School Child Care Only</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Food Served <input type="checkbox"/> Summer Care</td> <td style="padding: 5px;"><input type="checkbox"/> Drop-In Child Care Facility Only</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Urban Child Care Facility</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Indoor Recreational Facility</td> </tr> </table>													Check all service options that apply:	Program operated as a:	<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
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	<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: _____																								

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 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/LLC (For an INITIAL Application for a license to operate a Child Care Facility, attach Articles of Incorporation , 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 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 the Application.
Designated Representative: (Use Addendum page for additional Board Members):	

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.	
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: _____

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

Address of Entity: _____

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): _____

Home Address: _____

Telephone Number: _____ Date of Birth: _____

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

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.

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		U.S. State	Position	Telephone No.
	From:	To:			
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

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:

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

DIRECTOR'S WORK SCHEDULE

(to be returned with your relicensing packet)

Name of Facility: _____

License Number: _____

Director's Name: _____

(Please print legibly)

Work Schedule

DAY OF THE WEEK	TIME DIRECTOR ARRIVES	TIME DIRECTOR LEAVES
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Director's Signature: _____

Date this schedule was completed: _____