



# CARES USER GUIDE

## HOW TO APPLY ONLINE FOR A CHILD CARE FACILITY LICENSE

### INTRODUCTION

This guide provides instructions on how to apply online for a license to operate a child care facility using the Child Care Administration, Regulation and Enforcement System (**CARES**).

You must create a **CARES** account to begin the application process. If you do not have a **CARES** account, see the **How to Create a CARES Account** guide for instructions on how to create one.

Use this guide to help navigate through the application process for child care licensure with the Department of Children and Families.

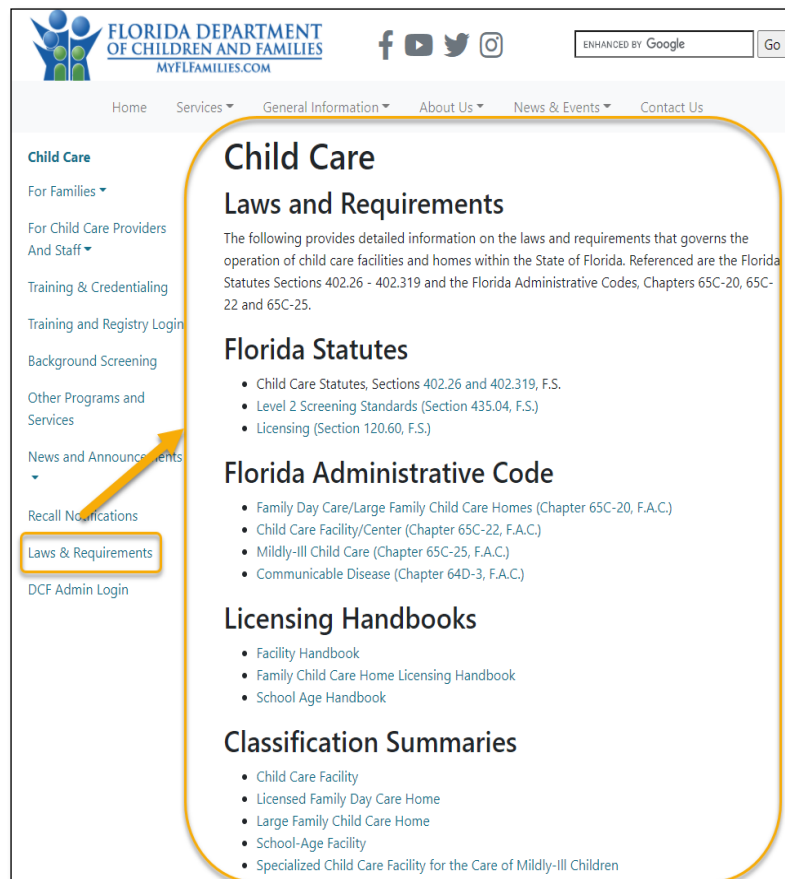
### *Not sure where to begin?*

Visit the [Department of Children & Families - Child Care - Laws & Requirements website](#) to view a list of available forms.

[Your local licensing counselor](#) is available to assist with any questions you may have regarding licensing requirements or the application process.

### *Are you subject to licensure?*

Complete the [Child Care Licensing Questionnaire](#) to find out if you are required to be licensed with DCF.

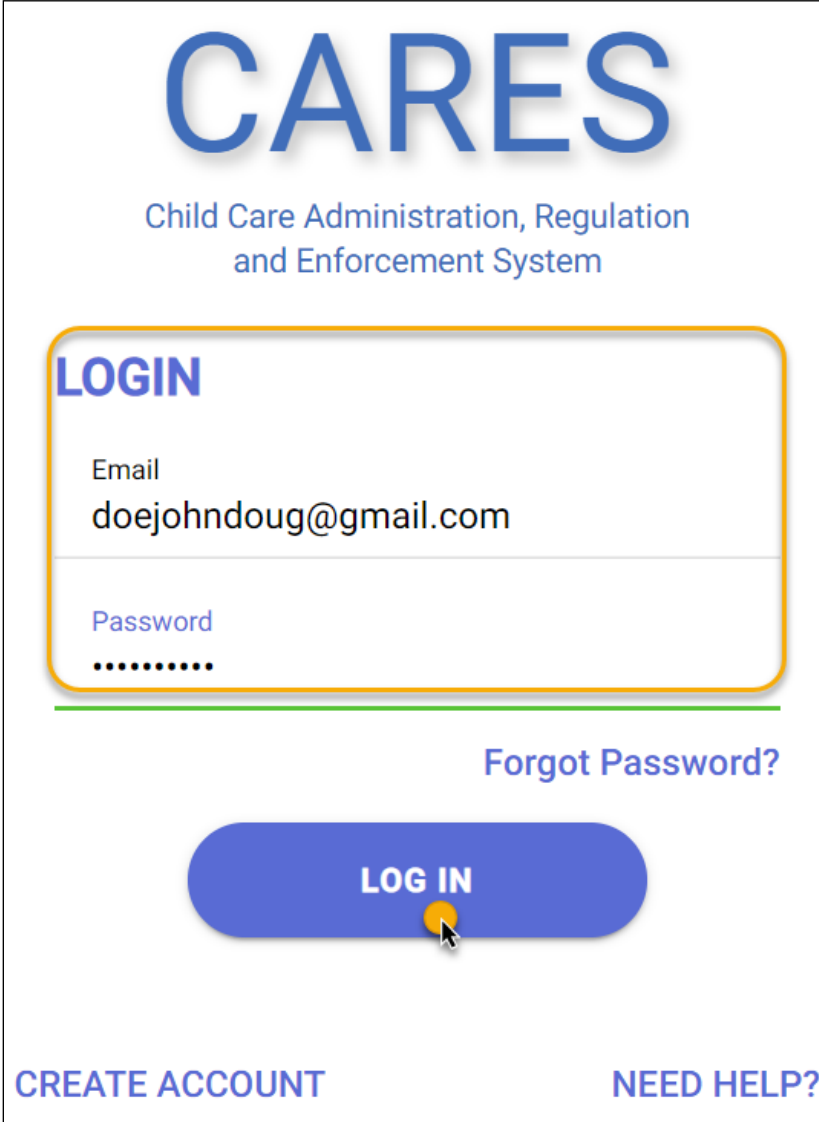


## GETTING STARTED

Review the requirements for [Opening a Licensed Child Care Facility](#) before you begin the online application process.

Once you are ready to fill out the online application, login in to **CARES** to access the child care facility application.

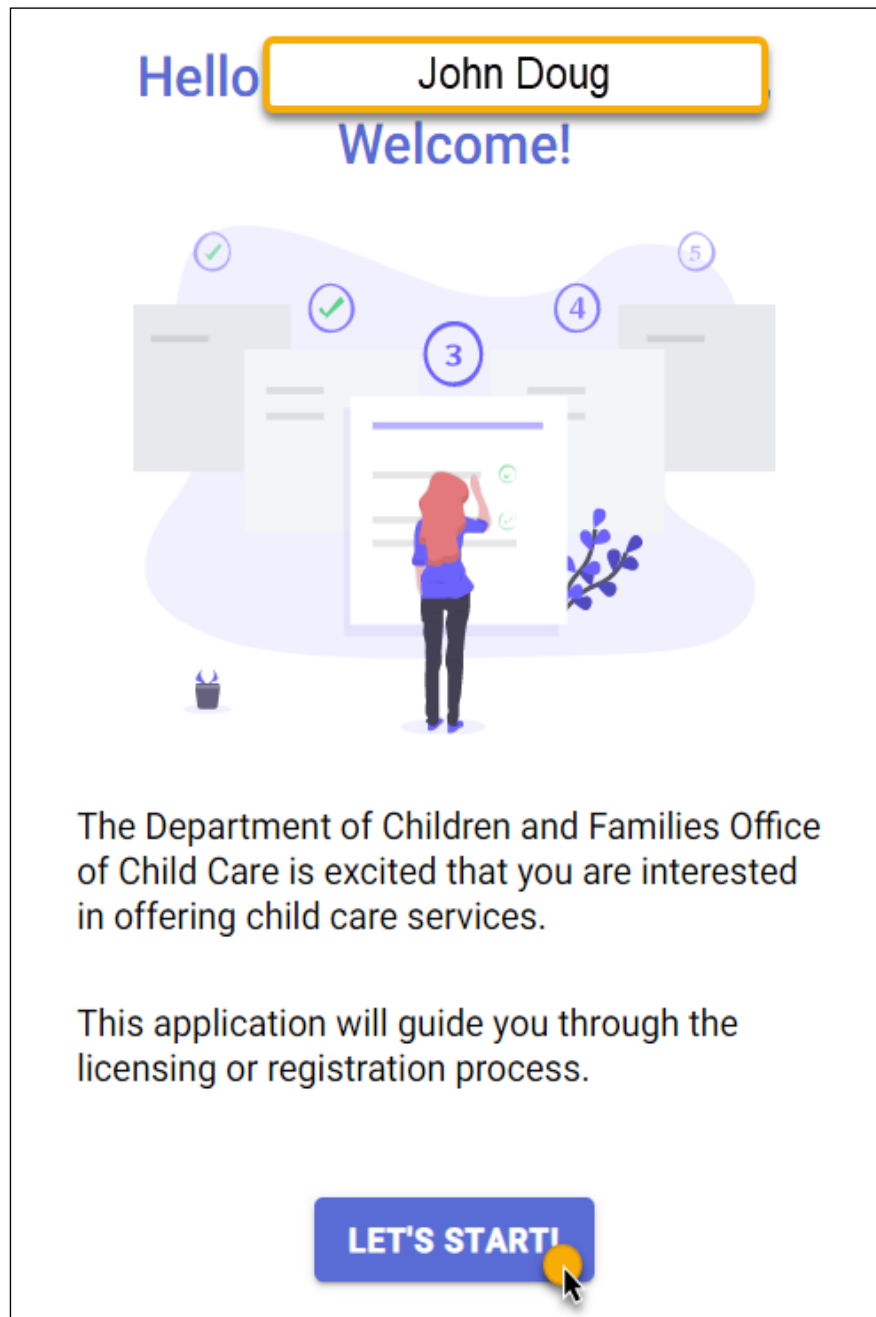
- Enter your **Email** address
- Enter your **Password**
- Select **Log In**



The screenshot shows the CARES login interface. At the top, the word "CARES" is displayed in large blue letters, with the full name "Child Care Administration, Regulation and Enforcement System" below it. A rounded rectangular box with an orange border contains the "LOGIN" section. Inside this box, there are two input fields: "Email" with the text "doejohndoug@gmail.com" and "Password" with a masked field of ten dots. Below the login box is a blue button labeled "LOG IN" with a mouse cursor hovering over it. To the right of the button is a link for "Forgot Password?". At the bottom left of the page is a link for "CREATE ACCOUNT" and at the bottom right is a link for "NEED HELP?".

If this is your first time applying for a child care facility license, you will be greeted with a home screen to begin the process.

- Select **Let's Start** to proceed.



The Department of Children and Families Office of Child Care is excited that you are interested in offering child care services.

This application will guide you through the licensing or registration process.

**LET'S START!**

## QUESTIONNAIRE

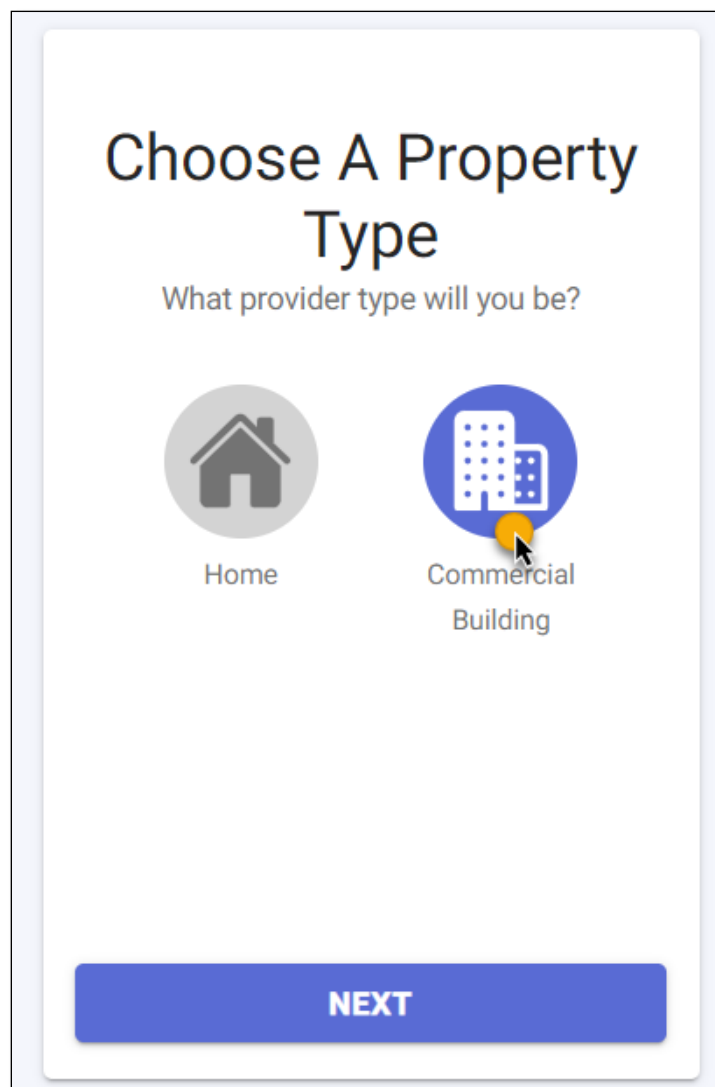
The application process begins with a **Questionnaire** consisting of four questions regarding the child care facility.

Based on responses to the **Questionnaire**, you will be provided with the recommended application for your child care facility license.

**Question 1:** On the **Property Type** page, select one of the options available for child care facility types.

- Select **Commercial Building**, if the child care facility is at a commercial setting.

Once you have selected a **Property Type**, select **NEXT**.



Choose A Property Type

What provider type will you be?

Home

Commercial Building

NEXT

**Question 2:** On the **Zip Code** page, enter the **Zip Code** where the child care facility is located.

Select **NEXT**.

**Question 3:** On the **Number of Children** page, select **5 or More children** as the number of children for whom you intend to provide care.

Select **NEXT**.

**2** ZIP Code

ZIP Code  
32304

BACK NEXT

**3** Children

How many children do you intend to provide care?

Less than 5 5 or More


BACK NEXT

**Question 4:** Select **Yes** or **No** if you intend to care for children with disabilities.

Once you have selected an answer, select **NEXT**.

**4** Children with Disabilities

Do you plan to provide care for children with disabilities?



Yes

No

**BACK** **NEXT**

## RECOMMENDATION

Base on your responses to the **Questionnaire**, the **Recommendation** page will display the appropriate application to use for a child care facility license.

The **Recommendation** page also provides a summary of requirements that must be completed in order to be licensed. For more information on what is required, see [Opening a Licensed Child Care Facility](#) for licensing requirements.

If you have questions regarding licensing requirements or the application, contact the **Licensing Contact** listed for your area. The **Licensing Contact** is displayed at the bottom of the **Recommendation** page.

To proceed to the application, select **APPLY NOW**.

**Recommendation**

- Child Abuse and Neglect Registry Checks
- Sex Offender Registry Checks
- Juvenile Screening
- Employment History Check
- Attestation of Good Moral Character
- Mandatory Child Abuse and Neglect Reporting Requirements
- Volunteer Acknowledgement

**Training – All Child Care Personnel**  
All Child Care Personnel:

- 40 Hour Introductory Child Care Training ([See exception](#))
- 10 Hours Annual In-Service Training
- 5 hours of Early Literacy and Language Development Training ([See exception](#))

Staff Credentialing Requirement:

- Must have one credentialed Staff member for every 20 preschool age (0-5 yrs) children, starting from the 20th child. ([See exception](#))

For additional information regarding applying for licensure for a Child Care Facility, click here.

**Licensing Office Contact**      **APPLY NOW**

For further details, please contact:  
**Florida DCF**  
 👤 Angela Strumeyer  
 Supervisor

📍 2505 W 15th St, Panama City FL, 32401  
 ☎️ (850)461-0896

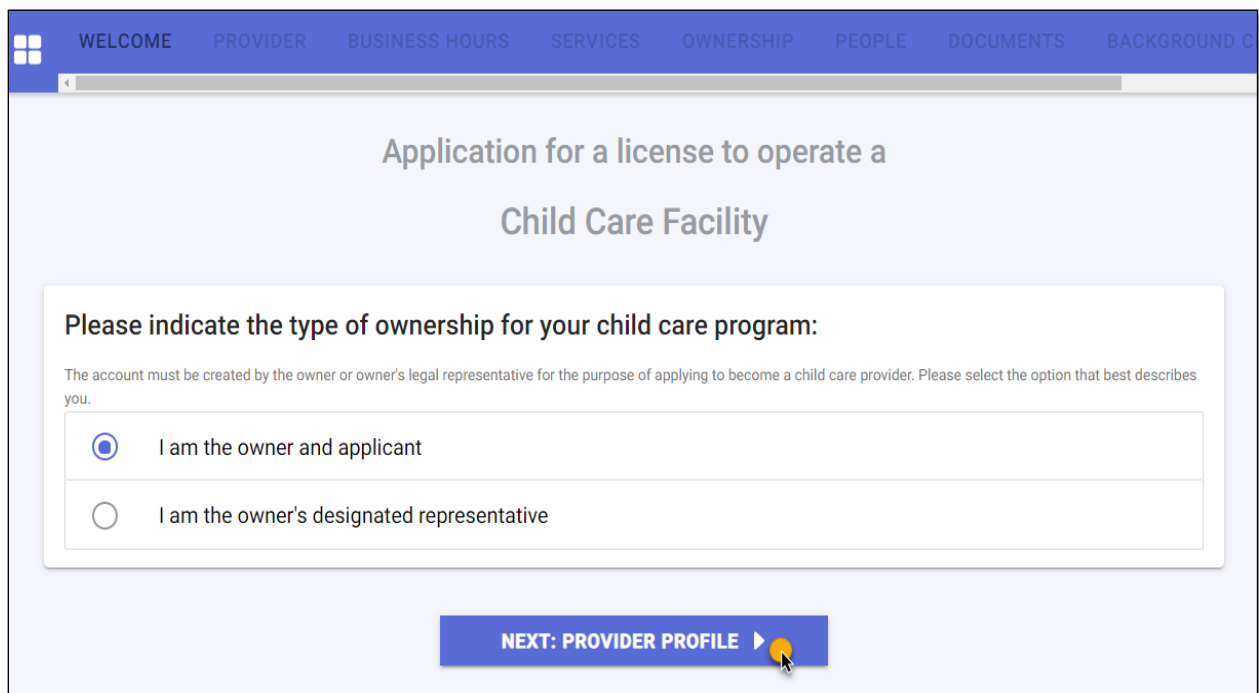
✉️ Angela.Strumeyer@myflfamilies.com  
 🌐 <https://myflfamilies.com/service-programs/child-care/>

## WHO IS APPLYING?

On the **Applicant** page, select **one** option to indicate who is applying for the license.

- Select, “**I am the owner and applicant,**” if you are the owner of the child care facility.
- Select, “**I am the owner’s designated representative,**” if you are the designated representative applying on behalf of the owner(s).

Once you have selected an option, select **NEXT: PROVIDER PROFILE**.



WELCOME PROVIDER BUSINESS HOURS SERVICES OWNERSHIP PEOPLE DOCUMENTS BACKGROUND C

### Application for a license to operate a Child Care Facility

**Please indicate the type of ownership for your child care program:**

The account must be created by the owner or owner's legal representative for the purpose of applying to become a child care provider. Please select the option that best describes you.

I am the owner and applicant

I am the owner's designated representative

**NEXT: PROVIDER PROFILE ▶**



## PROVIDER

On the **Provider** page, enter the child care facility details in the required fields.



- Enter the **Name** or **Doing Business As** of the child care facility.

<b>Name</b>	<small>Name of Business</small> Abc Learning Center
	<small>Doing Business As (Optional)</small>

- Enter the **Physical Address** of the child care facility. Select the **(+)** icon to add a **Mailing Address**, if the address is different from the **Physical Address**. Addresses will be verified to ensure accuracy based on SmartyStreets’ recommendations. SmartyStreets is a USPS and international address validation service.
- Select **Yes** or **No** on the question- **Is the owner’s house adjacent to the Physical Address?**

<b>Address</b>	<small>Address</small> 500 Appleyard Dr	
	<small>City</small> Tallahassee	
	<small>State</small> FL	<small>ZIP Code</small> 32304
	Leon ▾	
	<span style="border: 2px solid green; border-radius: 50%; padding: 2px 10px;">+ Add Mailing Address (if different from physical)</span>	
	Is the owner's house adjacent to the physical address?	
	<input type="radio"/> Yes	
	<input checked="" type="radio"/> No	
	<small>Note: If the house is adjacent to the business, the owner's family members must also clear background checks.</small>	

- Enter the **Landline** phone number of the child care facility. Select the **(+)** icon to provide additional phone numbers such as cell phone, work phone, or fax number.
- Enter the **Primary Email Address** of the child care facility. Select the **(+)** icon to provide additional email addresses.
- If the child care facility has a **website**, enter the website's URL.

Phone	<b>Landline</b> (555) 555-5555	Ext
 Add Phone (Optional)		
Email	<b>Primary</b> abclearningcenter@gmail.com	
 Add Email (Optional)		
Website	www.acblearningcenter.com	
	Website where people can find details about your services	

- On the **Program Sub-Type** section, select one option that best describes the child care facility.

If you are not sure which option to select, contact the **Licensing Contact** in your area.

**Program Type**

Please answer the questions below so that we can determine how your program is classified.

- Domestic Violence**  
My business will provide crisis intervention and support services to adult victims of domestic violence and their children.
- Drop In**  
My business is in a shopping mall or business establishment where a child is in care for no more than a 4-hour period and the parent remains on the premises of the shopping mall or business establishment at all times.
- Birth to SA**  
My business will serve children ages birth through school age.
- School Age Only**  
My business will serve only school-aged children (5 years and above) in a before- and after - school or out-of-school time program.
- Indoor Recreational**  
My business is an indoor commercial facility which is established for the primary purpose of entertaining children in a planned fitness environment through equipment, games, and activities in conjunction with food service and which provides child care for a child no more than four hours on any one day.

Once you have selected a **Program Sub-Type**, select **SAVE & CONTINUE**.

**Program Details**

Program Type  
Child Care Facility

License Type  
Licensed

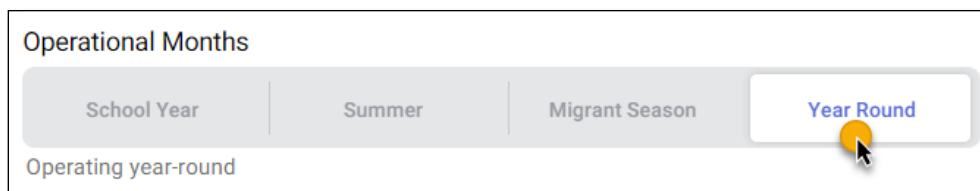
Program Sub-Type  
Birth to SA

**BACK** **SAVE & CONTINUE**

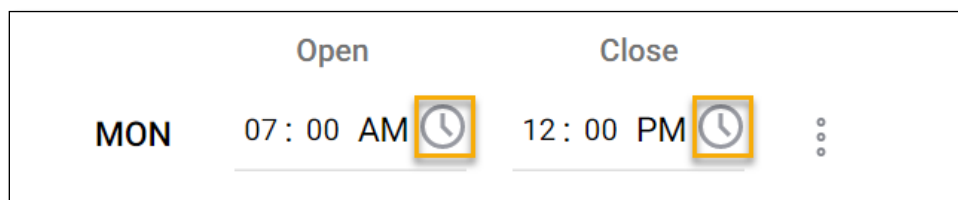
## BUSINESS HOURS

On the **Business Hours** page, select one option for **Operational Months** to indicate when the child care facility will be open.

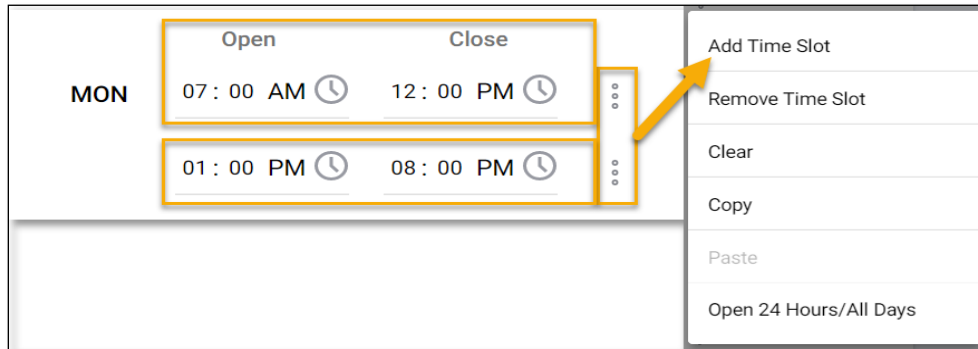
- Select **School Year**, if the child care facility is open and serving children during the School Year only and fewer than 12 months.
- Select **Summer**, if the child care facility is open and serving children during the Summer months only and fewer than 12 months.
- Select **Migrant Season**, if the child care facility is open and serving children during a Seasonal period only and fewer than 12 months.
- Select **Year Round**, if the child care facility is open and serving children year-round (12 months).



- Enter the operational hours of the child care facility for each day. Use the clock icon or manually enter the open and close hours of the child care facility.



- If the child care facility opens and closes on different timeframes during the day, select the ellipsis next to the **Days and Hours** field and select **Add Time Slot**.



- If the child care facility is closed on specific days, select the ellipsis next to the **Days and Hours** field and select **Remove Time Slot**.

Once you have entered the child care facility's operating days and hours, select **SAVE & CONTINUE**.













## SERVICES

On the **Services** page, you must select at **least one** service you intend to provide from the available options.

- Toggle the icon to the right to indicate that you will be providing the service.

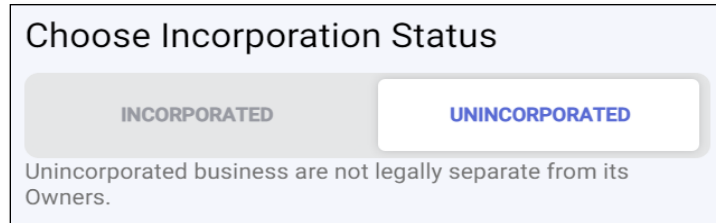
Once you have indicated the service(s) you intend to provide, select **SAVE & CONTINUE**.

 <p><b>Full Day</b> Child care offered full day.</p> <input checked="" type="checkbox"/>	 <p><b>Half Day</b> Child care offered half day.</p> <input checked="" type="checkbox"/>
 <p><b>Drop In</b> Care for children occurring on an infrequent and irregular basis.</p> <input checked="" type="checkbox"/>	 <p><b>Night Care</b> Care provided from 6:00 pm to 7:00 am the following day to help parents who work evening shifts.</p> <input type="checkbox"/>
 <p><b>Before School</b> Care for children before the academic school day begins to supplement parental care.</p> <input type="checkbox"/>	 <p><b>After School</b> Care for children after the academic school day ends to supplement parental care.</p> <input type="checkbox"/>
 <p><b>Weekend Care</b> Care provided between the hours of 6:00 pm on Friday and 6:00 am on Monday.</p> <input type="checkbox"/>	 <p><b>Infant Care</b> Care for children ages birth through 12 months.</p> <input checked="" type="checkbox"/>
 <p><b>Food Served</b> Provides nutritious meals and snacks of a quantity and quality to meet the daily needs of children.</p> <input checked="" type="checkbox"/>	 <p><b>Transportation</b> Transport children in a vehicle away from and/or to the premises of the child care program.</p> <input checked="" type="checkbox"/>

BACK
SAVE & CONTINUE ▶

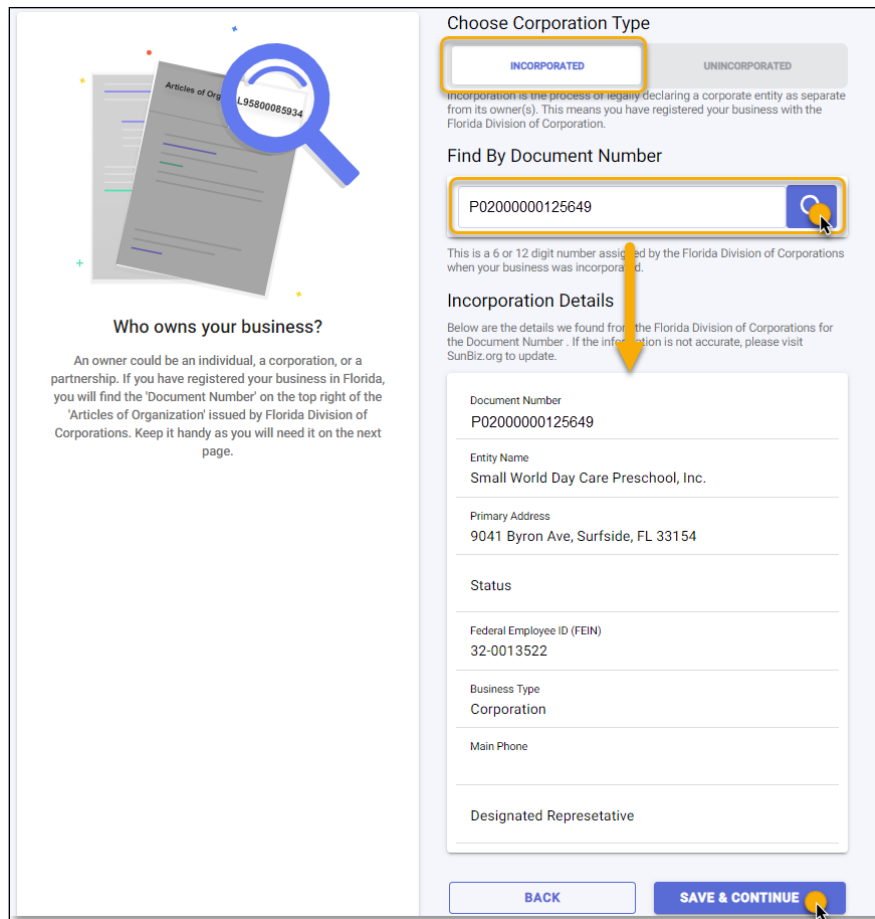
## OWNERSHIP

On the **Ownership** page, select **Incorporated** or **Unincorporated** as the **Incorporation Status** of the child care facility.



If the child care facility is **Incorporated** and registered with the [Department of State - Division of Corporations](#), enter the **Document Number** on the search bar and select **Search** to find the business details. If the business details are not found, manually enter the information.

Once you have entered the details, select **SAVE & CONTINUE**.



If the child care facility is **Unincorporated**, select one Ownership Type.

**Who owns your business?**

**Choose Incorporation Status**

INCORPORATED UNINCORPORATED

Unincorporated business are not legally separate from its Owners.

**Choose Ownership Type**

Individual Partnership Other Entity

An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.

If the child care facility is owned by a single person, select **Individual** as the **Ownership Type** and enter the owner(s) details.

- Select the **Add Owner (+)** icon and provide the owner’s information on the **Person Detail** page.

**Choose Ownership Type**

Individual Partnership Other Entity

An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.

**Owner**

Martha Lucille  
Owner


Choose the + button to add a new person as owner, (not listed in the above list).

+ Add Owner

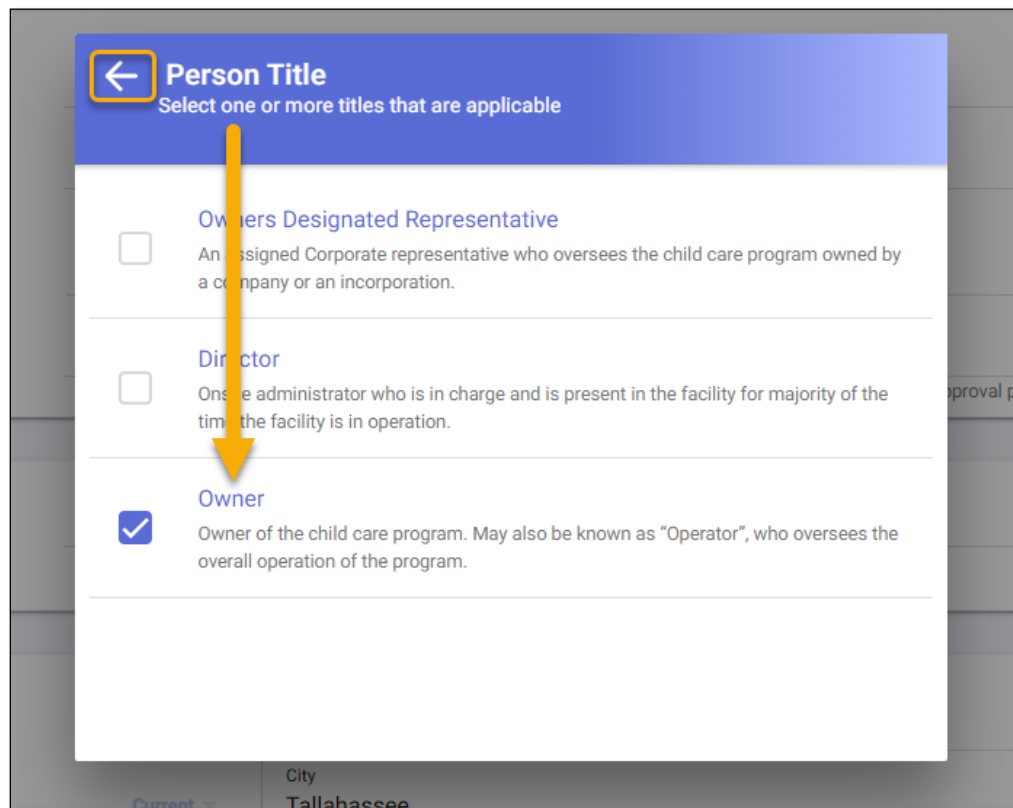


On the **Person Detail** page, enter the owner’s information on the required fields.

- Enter the person’s **First** and **Last** name
- Enter the person’s **Date of Birth**
- Enter the person’s **Social Security Number**

<b>Name</b>	Full Name John Doug
	Previous Name(s) <small>Including maiden name. If more than one name, separate them with commas.</small>
	Date of Birth 12/22/1982 
	Social Security Number 000-00-0000 <small>SSN is used for background screening purposes. Incorrect SSN will delay the verification and licensing approval process.</small>

- Select **Owner** as the person’s **Title** and select the back arrow to return to the **Person Detail** page.



**Person Title**  
Select one or more titles that are applicable

- Owners Designated Representative**  
An assigned Corporate representative who oversees the child care program owned by a company or an incorporation.
- Director**  
Onsite administrator who is in charge and is present in the facility for majority of the time the facility is in operation.
- Owner**  
Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program.

City  
Tallahassee

- Enter the person’s **Phone** number. Select the plus (+) icon to provide additional phone numbers.
- Enter the person’s **Email** address. Select the plus (+) icon to provide additional email addresses.

The screenshot shows two input sections. The top section is for 'Phone' and contains a dropdown menu set to 'Cell' and a text input field containing '(486) 456-4564'. Below this is a button with a green plus icon and the text '+ Add Phone (Optional)'. The bottom section is for 'Email' and contains a dropdown menu set to 'Primary' and a text input field containing 'doejohndoug@gmail.com'. Below this is a button with a green plus icon and the text '+ Add Email (Optional)'. Both plus buttons are circled in green.


- Select **Yes** or **No**, if the person has a child care training account with DCF.

The screenshot shows the 'Training & Credentials' section. It starts with a mandatory notice: 'It is mandatory that all required training must be completed before the application is approved. Please provide your Student ID issued by DCF.' Below this is the question 'Do you have a StudentID?' with an information icon. There are two radio button options: 'Yes' (unselected) and 'No' (selected). A note below the options reads 'I don't have a Student ID or don't remember it.' At the bottom of the form are two buttons: 'CANCEL' and 'SAVE'. A mouse cursor is pointing at the 'SAVE' button.

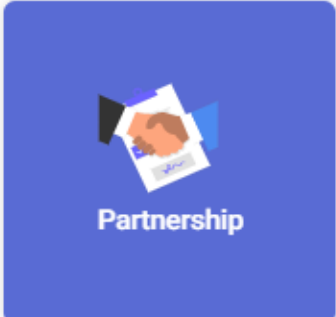
If the child care facility has two or more owners, select **Partnership** as the **Ownership Type** and enter the details.

- Select the **Add Owner (+)** icon and provide each owner's information on the **Person Detail** page.


### Choose Ownership Type



Individual



Partnership



Other Entity

A partnership exists when two or more persons co-own a business and share in the profits and losses of the business.

### Owners

Martha Lucille  
Owner

---

John Doug  
Owner

---

Choose the + button to add a new person as owner, (not listed in the above list).


+ Add Owner


If the child care facility is owned by an organization such as a School Board or Religious Entity, select **Other Entity** as the **Ownership Type**.


- Enter the **Name of the Entity**
- Enter the **Name of the Designated Representative**
- Enter the entity's **Address**
- Enter the entity's **Phone** number
- Enter the entity's **Email** address

Once you have entered the child care facility's ownership details, select **SAVE & CONTINUE**.

### Choose Ownership Type

  
 Individual

  
 Partnership

  
 Other Entity

These are programs operated by School Boards, faith-based programs and other non-incorporated entities.

#### Other Entity Details

##### Name & Representative

Name of Entity  
School Board

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Designated Representative  
John Doug

<b>Physical</b>	Address 500 Appleyard Dr	
	City Tallahassee	
	State FL	ZIP code 32304

Phone	Landline (424) 524-5254	Ext
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Email	Primary schoolboard@gmail.com
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BACK

SAVE & CONTINUE ▶

## PEOPLE

On the **People** page, add the individuals who are employed at the child care facility.

**IMPORTANT NOTE:** Individuals who are required to be background screened must have their background screening completed in order to submit the application. See [Opening a Licensed Child Care Facility](#) for more information on who is required to be background screened.

**IMPORTANT NOTE:** A licensed child care facility is required to have a **Director** with an active Director’s Credential (not expired). See [Director Credential](#), for more information on Director requirements and how to apply for or renew a credential.

- Select the **Add Person (+)** icon to add an employee.

The screenshot shows a user interface for managing people. On the left, there is a search bar labeled 'Search Person' and a list of people categorized by initials: 'J' (John Doug, Owner), 'M' (Martha Lucille, Owner), and 'R' (Remonica Waller, Director). The 'R' category is selected. On the right, a detailed form for Remonica Waller is displayed, including fields for Name (Full Name: Remonica Waller, Previous Name(s), Date of Birth, Social Security Number), Role (Director), Address (Current: 2860 Vintage View Loop, Lakeland, FL 33812), Phone (Cell: 1232131231), Email (Personal (Primary): rwaller@gmail.com), and Training & Credentials (Student ID: 1162971). At the bottom right of the form is a blue button with a plus sign and the text '+ Add Person'. A yellow arrow points from the 'R' filter in the list to this button. At the bottom of the interface are two buttons: 'BACK' and 'SAVE & CONTINUE ▶'.

On the **Person Detail** page, enter the employee’s information in the required fields.

- Enter the person’s **First** and **Last** name
- Enter the person’s **Date of Birth**
- Enter the person’s **Social Security Number**

The screenshot shows a form titled "Name" with the following fields and values:

- Full Name:** John Doug
- Previous Name(s):** (empty)
- Date of Birth:** 12/22/1982
- Social Security Number:** 000-00-0000

Below the SSN field, there is a note: "SSN is used for background screening purposes. Incorrect SSN will delay the verification and licensing approval process."

- Select the person’s **Title** and select the back arrow to return to the **Person Detail** page. If the person has multiple **Titles**, select all that apply.

The screenshot shows the "Person Title" selection screen. A blue header bar contains a back arrow icon and the text "Person Title" and "Select one or more titles that are applicable". Below the header, there are three title options with checkboxes:

- Owners Designated Representative**  
An assigned Corporate representative who oversees the childcare program owned by a company or an incorporation.
- Director**  
Onsite administrator who is in charge and is present in the facility for majority of the time the facility is in operation.
- Owner**  
Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program.

- Enter the employee’s training information on the **Training & Credentials** section.
- Enter the employee’s (student) [DCF Child Care Training Account Student ID](#) on the search bar.
- Select **Search** to locate the employee’s training information.

### TRAINING NOT FOUND?

If the employee’s training information cannot be found, ensure the **Student ID** number matches the number on the employee’s [DCF Child Care Training Account](#).

If the number is correct and the information is still not found, contact the **Child Care Training Information Center** at **1 (888) 352-2842** for assistance.

- Select **SAVE** to return to the **People** page.

**Training & Credentials**

It is mandatory that all required training must be completed before the application is approved. Please provide your Student ID issued by DCF.

Do you have a StudentID? ⓘ

Yes

No

I don't have a Student ID or don't remember it.

**Find By StudentID**

1162971 ⓘ

This is an assigned number found on your Child Care Training account when you register with the Florida Department of Children and Families.

StudentID  
1162971

↓

Director Credential ▾

Staff Credential ▾

40 Hours Training ▾

Early Literacy Training ▾

**CANCEL** **SAVE** ⓘ

Once all personnel and training information is entered, select **SAVE & CONTINUE**.

**Remonica Waller**  
Director

**Address**  
Current  
2860 Vintage View Loop  
Lakeland, FL 33812

**Phone**  
Cell  
1232131231

**Email**  
Personal (Primary)  
rwaller@gmail.com

**Training & Credentials**  
Student ID  
1162971

+ Add Person

**BACK** **SAVE & CONTINUE** ▶

## DOCUMENTS

Each owner and employee entered on the **People** page must acknowledge the **Attestation of Good Moral Character** and the **Child Abuse & Neglect Reporting** forms in order to proceed with the application process. These documents serve as part of the background screening process for licensure.

- Select each form to view the form details.
- Enter your **name** and the **date** it was reviewed and acknowledged.

Stacy Duggar | Attestation Of Good Moral Character

I, [Stacy Duggar](#) who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with [Early Learning Center](#), affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

1. [Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct](#)
2. [Attempts, solicitation, and conspiracy](#)
3. [Adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse](#)

**My record does not contain any of the above listed offenses**

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

Stacy Duggar

06/15/2021



**Employment History.** You must provide employment history for each person entered on the **People** page. This can be done by completing the online form or by uploading employment history information.

- Select the Employment History form for each person and provide their employment history.
- Enter the Employment Start and End Date, if applicable.
- Enter the previous employer’s name, address, phone and email as well as the position held and the supervisor information.
- Enter the reason for leaving along with a brief description of the job duties.

**EMPLOYMENT HISTORY**  
List below all employment held during the previous 5 years which at a minimum must include the last three jobs

- Abc Academy (January 2020 - May 2021)
- Pineview Elementary (January 2016 - December 2020)

**Attachments** 0

**Optional:** Attach documents that supplement the employment history (Example: Reference letter, letter of appreciation etc.)

**John Doug | January 2020 - May 2021**

Employment Status  
Employed

Period of Employment  
January 2020 - May 2021

**Employer Details**

Name of Employer  
Abc Academy

Position Held  
Teacher

**Address**

Work  
1403 Betton Rd  
Tallahassee, FL 32308

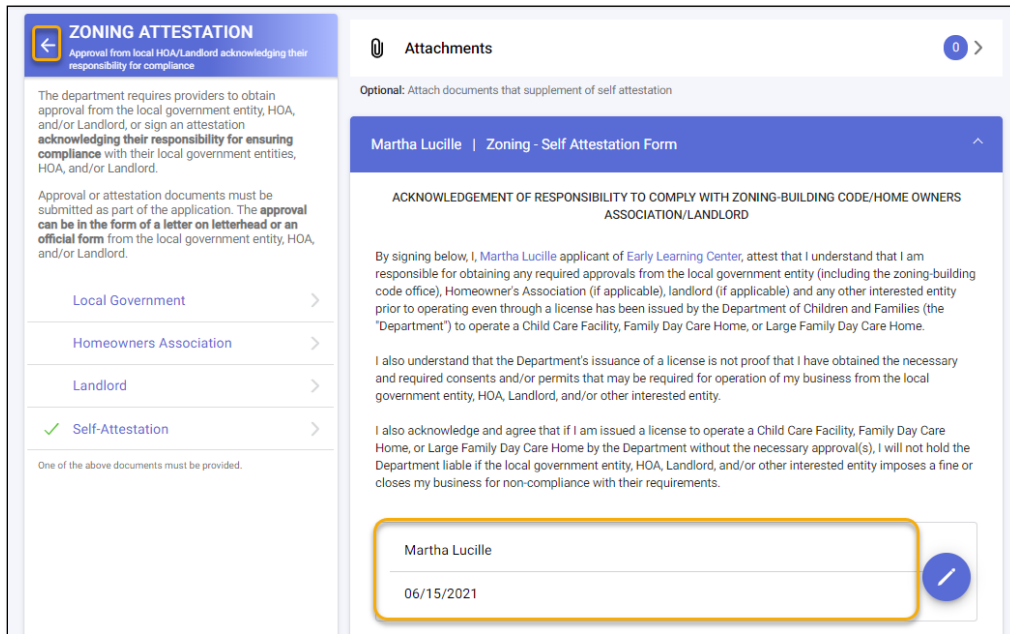
**Reason For Leaving**

Reason For Leaving  
Facility Closed

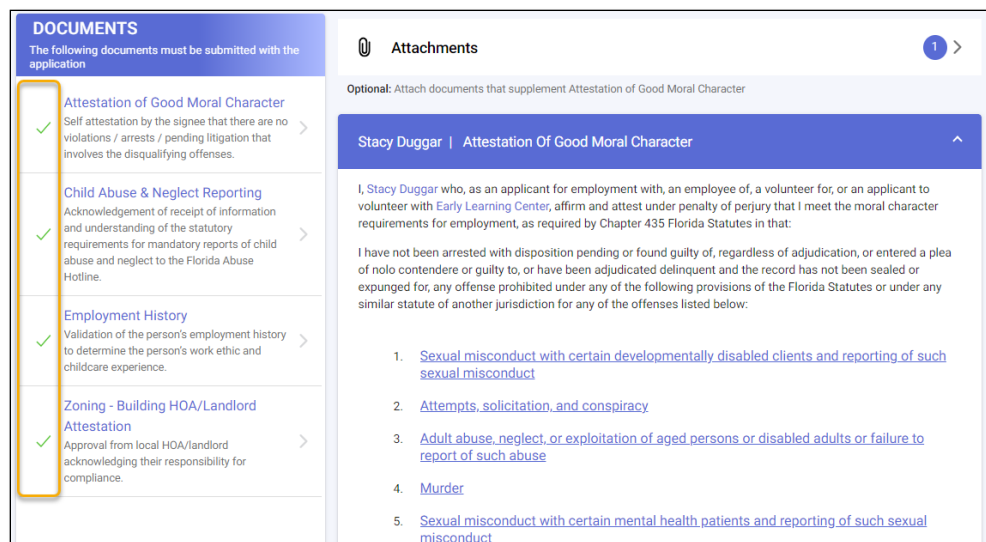
Job Duties  
Created teaching plans.

**Local Zoning Approval.** You must provide proof of local zoning approval. You may attest that your facility’s zoning is approved by uploading an approval document from the local government entity or attesting that you have obtained such documents by digitally signing the self-attestation.

Once you have selected and completed one of the options, select the back arrow to return to the Documents page.



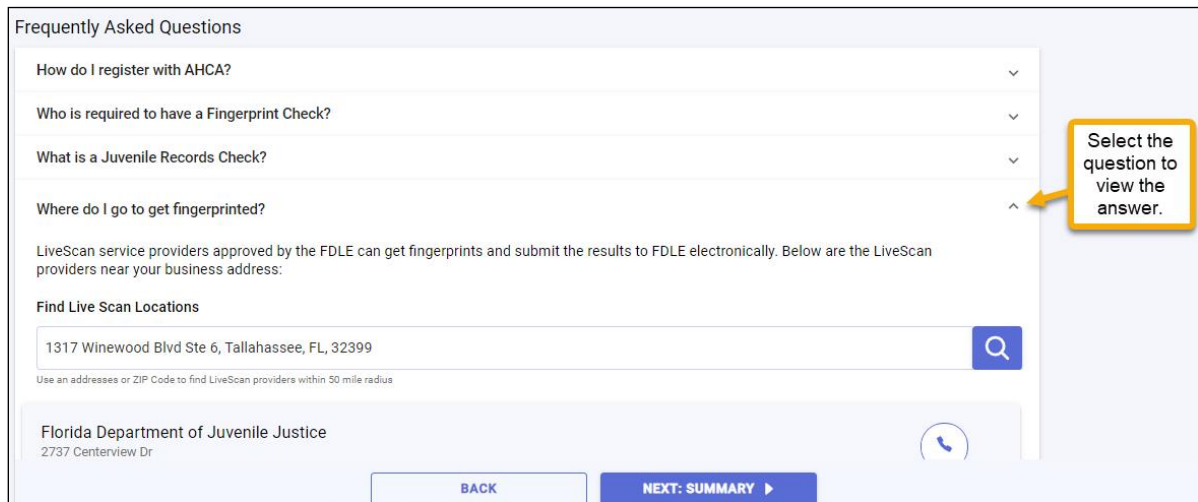
**IMPORTANT NOTE:** All forms must have a green check mark to move to the next section of the application.



## BACKGROUND CHECK

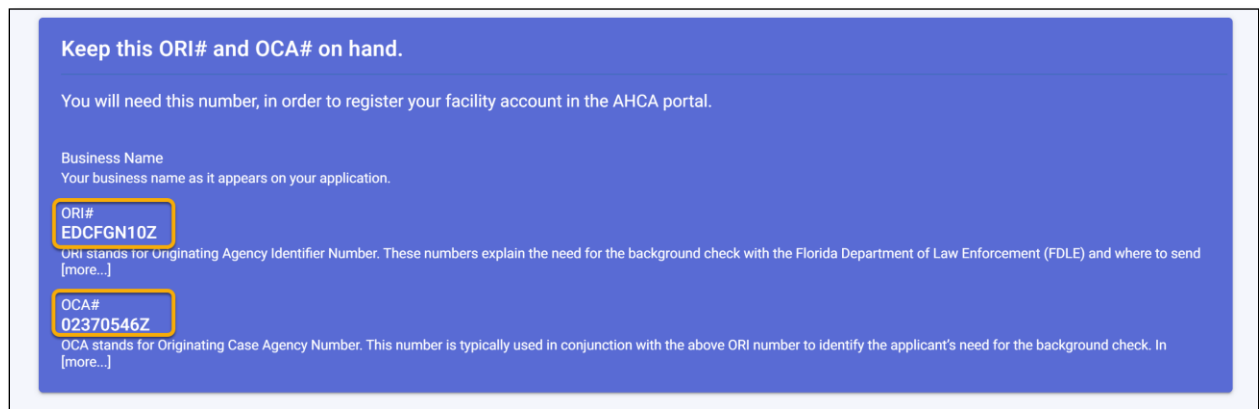
You must provide the background screening results on the **Background Check** page for each person required to be background screened.

The **Background Check** page provides answers to frequently asked questions regarding the background screening process and provides a list of locations where you can get fingerprinted.



The **Background Check** page also provides you with the ORI and OCA numbers needed to complete the background screening process for you and your employee(s). You will need these numbers in order to register an account for your child care facility using the **Agency for Health Care Administration’s (AHCA)** website and complete the background screening process.

For more information on Background Screening, see the [Background Screening Website](#) or call the Background Screening Center to speak to an agent.



Once you have the results for you and your employee(s), enter the background screening status and the completed date for each person listed.

Once you have entered the results for each person, select **NEXT: SUMMARY**.

**Complete Level 2 Background Screening**

The people in the list below must complete Level 2 Background Screening and enter status here. Please update the status of each person as appropriate. **This is required to submit the application.**

**Fingerprint Status**

✓	<b>Martha Lucille</b> Cleared 04/14/2020	✎
✓	<b>John Doug</b> Cleared 05/18/2021	✎
✓	<b>Remonica Waller</b> Cleared 05/18/2021	✎

## APPLICATION REVIEW AND ACKNOWLEDGEMENT

Review the information entered on each section to ensure it is correct and complete.

**IMPORTANT NOTE:** You will not be able to proceed to the **Application Submission** page, if a section(s) is not complete.

If you need to edit a section, select the **Pencil** icon next to the section you wish to revise.

Once all sections are complete, select **SAVE & CONTINUE** for each section(s) you revised.

**PROVIDER PROFILE** ✎

Name of Business  
 Abc Learning Center

Doing Business as

**Address**

Main  
 500 Appleyard Dr, Tallahassee, FL 32304

In order to submit the application, you must first acknowledge that the information you have provided is true and correct to the best of your knowledge.

- Select the check box to **acknowledge** the message and select **SAVE & CONTINUE**.

### Acknowledgement

You are applying to operate a **Child Care Center** in the State of Florida. When a completed application is submitted to the Department with licensure fee and all the required documentation, the Department has 90 days in which to act upon your application.


I certify that I have read the above paragraph. All information is truthful and correct to best of my knowledge.

## APPLICATION SUBMISSION & TRACKING

To submit the application to the licensing office in your area, select the **SUBMIT** option on the **Application Submission** page.

**IMPORTANT NOTE:** Once you submit your application, you **will not** be able to make any edits.

### Submit Your Application

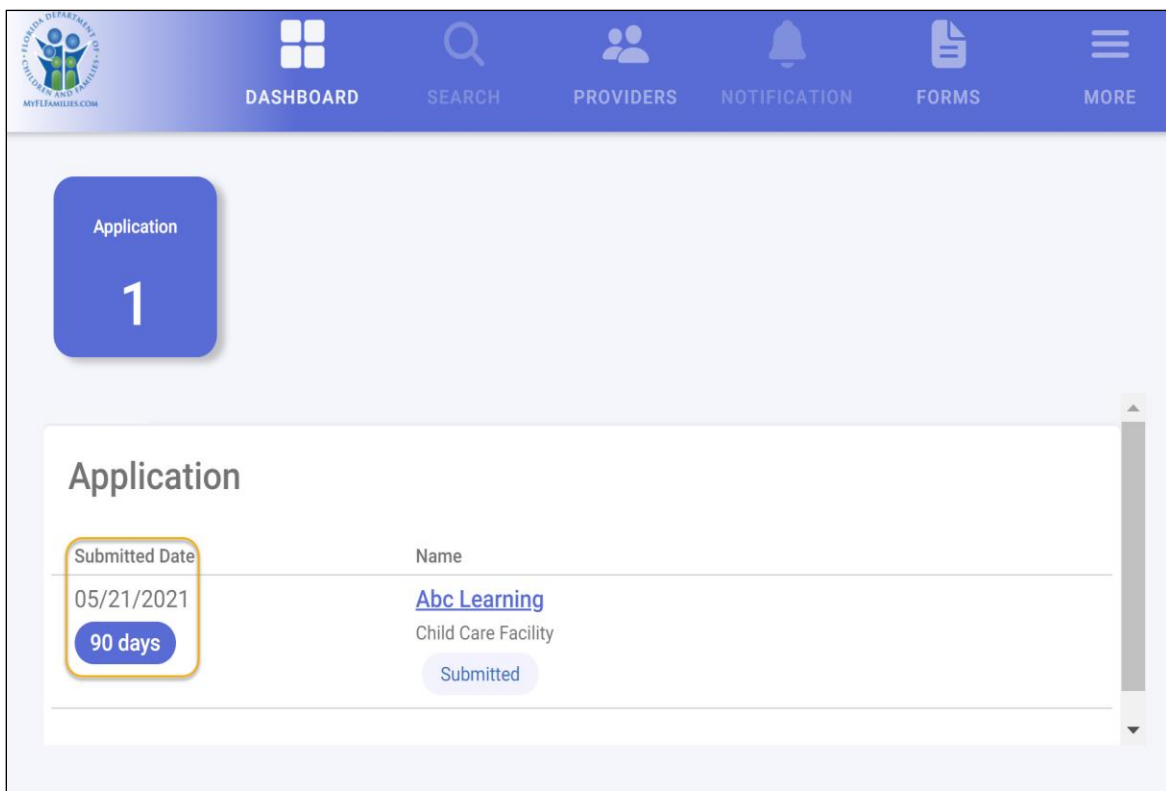


Your documents are ready for submission. Click the Submit button to finish.

Once you have submitted your application, you will be able to track its progress from your account **Dashboard**.

The **Dashboard** displays the number of application(s) you have created, the date you submitted the application, the number of days it has been since you applied, and the application status.

If you have questions regarding the application process or your application status, contact the local licensing office and speak to a licensing counselor.



## ONLINE PAYMENTS

Once your application is determined to be complete, the final step is to pay the licensure fee.

When the licensing office is ready for your payment, you will receive a notification that a payment is due.

To make a payment online with a credit/debit card, login into your CARES account and select the **PAY** option next to your application.

You will be routed to the **Invoice** page, which shows a summary of the amount due. To proceed, select **Pay Invoice**.

**IMPORTANT NOTE:** Online payment amounts include an automatic convenience fee of 1% of the total licensure amount due.


← Invoice

**Invoice #10006**  
Invoice Date: 04/01/2021  
Status: Due

**Attention**  
Carl Wethers  
Exempt Child Care Facility  
DCF ID: C02GA5970  
Wells@fargo.com

Carl Wethers, your application for a license to open a exempt child care facility has been approved. As a reminder, your license fee is due now. If you have any questions, please contact [support@cares.com](mailto:support@cares.com)

DESCRIPTION	TOTAL
License Fee FY 2021-22	\$25.00
<b>Total Due</b>	<b>\$25.00</b>

  
Payment is due

**PAY INVOICE**

Select the option to make a payment with debit/credit card.

**Office of Child Care Florida**

### Review Your Order

**Invoice Number**  
10006

Quantity	Item	Unit	Price
1	License Fee FY 2021-22	\$25.00 USD	25.00
		Fee USD	0.26
		<b>Total USD</b>	<b>25.26</b>

[« Return to Office of Child Care Florida](#)

#### Choose Payment Option

Enter the debit/credit card information in the required fields and select **Submit**.

### Credit Card Payment

Cardholder Name  
**John Doug**

Credit Card Number  
**1111223212122222**

Expiry Date (MMYY)  
**1225**

Security Code  
**123**

CVV2 is the Visa term for the 3-digit security code on the back of the credit card. (VISA and MasterCard). For American Express, it is 4-digits and located on the front.

Address  
**123 Main Ste**

City  
**Tallahassee**

State/Province  
**Florida**

ZIP/Postal Code  
**32301**

Country  
**United States**

Email  
**doedougjohn@gmail.com**

A confirmation email will be sent to this address.

Verification

✓
I'm not a robot

reCAPTCHA  
Privacy - Terms

**Submit**



Once you submit your payment, you will receive a confirmation number along with an email confirming your payment is processed. Once your licensure fee payment is made, the licensing office will contact you regarding your child care facility's license.

