

APPLICATION FOR FAMILY DAY CARE HOME REGISTRATION

**PLEASE TYPE OR PRINT LEGIBLY
USING BLUE OR BLACK INK**



For Official Use Only
Sexual Offender Address Cross-Reference
(<http://offender.fdle.state.fl.us>)

Date of Search: _____
Conducted by Signature/Initials: _____

Exact Address Match:
 Yes
 No

**For Official Use Only
\$25 Fee Received**

Date: _____
Initials: _____

Instructions: All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the Child Care Program Office if there are any questions relating to this application.

FOR INITIAL REGISTRATION AND RENEWALS: Initial registration and renewals are contingent upon the payment of any fines previously imposed as a sanction against the applicant or applicant's previous license or registration that was not contested, or that was affirmed at an administrative hearing. If, at the time of this registration application or renewal, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the application or renewal.

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

Application Type (Choose One): Initial *Renewal Year _____ Revision of Existing Registration Registration # _____

Name (First Middle and or Maiden Last):	Telephone Number (including area code): ()
	Alternate Telephone Number: ()

If a fictitious name or other identifying name is to be used, please provide the name here (and you must attach a copy of the Department of State's fictitious name registration form OR if applicable, complete the Section 2: Corporation below):

Street Address (physical address – not a PO Box): _____ City: _____ County: _____ Zip Code: _____

Mailing Address, if different (include city and zip code): _____ Highest Education Level: Did not complete high school or GED
 HS Diploma or GED Associate's Degree
 Bachelor's Degree Master's Degree

E-Mail Address (A valid email address is required)

Date of Birth: _____ Social Security Number*: _____

Days and Hours of Operation – please check AM or PM as applicable:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 24 hour care	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Opening Time: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Closing Time: _____	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Months of Operation: School Year Only 12 months Other _____

This Section for Renewals Only

Number of Children in Care (including your own):	Number of Preschool (ages 0-5) Children:	Number of School-Age Children:
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Check all service options that apply:

Full Day <input type="checkbox"/>	Half Day <input type="checkbox"/>	Drop-In <input type="checkbox"/>	Night Care <input type="checkbox"/>	Before School <input type="checkbox"/>	School Readiness <input type="checkbox"/>
After School <input type="checkbox"/>	Weekend <input type="checkbox"/>	Infant Care (0-1) <input type="checkbox"/>	Food Served <input type="checkbox"/>	Transportation <input type="checkbox"/>	

SECTION 2: CORPORATION, if applicable (Special Instructions: Upon initial application for child care licensure, attach **Articles of Incorporation**, which must include the names, the 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. Failure to continuously maintain a registered office and/or registered agent in Florida is grounds for revocation of this license. For **RENEWAL** applications for child care registration attach a current copy of Certificate of Status/Certificate of Authorization from the Department of State available through SunBiz.org.)

Name of Corporation:			Corporate #:		
Address of Corporation:			Incorporated in which State?		
			If out of state, is the corporation registered in the State of Florida? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please register prior to submitting an application.		
City:	State:	Zip Code:	Telephone Number (including area code): ()		
Designated Corporate Representative:			Date of Birth:		Social Security Number*:
Home Address:		City:	State:	Zip Code:	

SECTION 3: OTHER HOUSEHOLD MEMBERS – I understand through this registration, the Department has the right to conduct a screening on myself and other family members, which includes, but is not limited to, employment history checks, a criminal record check, and a Central Abuse Hotline Records Search. Use as many lines as needed and attach additional sheets if necessary.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER*	Educational Level

SECTION 4: SUBSTITUTE PLAN (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Section 402.313, Florida Statutes, requires Family Day Care Home operators to provide proof of a written plan for at least one other competent adult to be available to substitute for the operator in an **emergency**. A substitute may only be used for an emergency event for which the provider cannot provide care. Emergency is defined as "a serious, unexpected, and often dangerous situation requiring immediate action." This plan shall include the name, address, and telephone number of the designated substitute. Proof of background screening clearance for the designated substitute must be submitted with this application. Any change to the substitute plan that occurs during the home's registration year must be submitted to the Department within 5 working days of the change. Please provide this information below for each substitute (attach additional sheets, if necessary):

Name of Substitute:	Telephone Number: ()
Date of Birth:	
Does the substitute work in another family day care home(s)/large family child care home(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the names of the other family day care home(s)/large family child care home(s).	
Address of Substitute:	

(This space intentionally left blank)

**SECTION 5: GENERAL REQUIREMENTS AND ATTESTATION
(THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)**

The Health Insurance Portability and Accountability Act (HIPAA) requires 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 records in your possession.

Section 39.201, F.S., mandates that child care personnel report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline. Failure to perform the duties of a mandatory reporter constitutes a violation of s. 39.205(1) F.S., and is a first degree misdemeanor.

Chapter 386, F.S., requires while children are in care, smoking is prohibited within the family day care home, all outdoor play areas, and in vehicles when transporting children.

Section 402.313(1)(a)7., F.S., requires operators of family day care homes to provide proof of current immunization records. Your signature on this application indicates that you attest to keeping and maintaining current immunization records for children in care and making copies available upon request of the Department.

Section 402.313(1)(a)8., F.S., requires operators of family day care homes to complete 10 clock hours or 1 continuing education unit of in-service training annually during the registration year. Training must be completed in any course areas relating to child care or child care management. Training may be documented on the In-service Training Record (CF-FSP 5268A) provided to you by the Department or a similar form containing all the information required on the Department’s form. This documentation must be completed annually and made available upon request of the Department.

Section 402.313(6), F.S., requires operators of family day care homes to complete, one time only, 0.5 continuing education unit of approved training in early literacy and language development of children from birth to 5 years of age. Training documentation such as a certificate of course completion or diploma must be maintained and made available upon request of the Department. A list of the Department’s approved literacy training programs may be accessed by contacting the Department or by going to the Department’s child care website at www.myflorida.com/childcare/training.

Section 402.313(7), F.S., requires operators of family day care homes to annually complete a health and safety home inspection self-evaluation checklist. The completed checklist shall be signed by the operator of the registered family day care home and provided to each parent as certification that basic health and safety standards are being met.

Has the owner, applicant, or operator ever had a license 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 or operator of a day care home?
 Yes No If yes, please explain: (attach additional sheet(s) if necessary)

Have you or anyone identified as a party to ownership ever held a license (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?

As an applicant for registration, I authorize a search for reports of abuse, neglect or abandonment investigated pursuant to Chapter 39, F.S., for myself and all household members referenced in this application. This consent is valid solely for the purposes of registration by the Department of Children and Families.
 I agree

I attest that all of the information on the above referenced documents is true and correct. I am aware that pursuant to s. 402.319(1), F.S., any omission, falsification, misstatement or misrepresentation constitutes a misdemeanor of the first degree punishable as provided in s. 775.082 or s. 775.083, F.S., and may result in the loss of the registration of my family day care home. Your signature on this application indicates your understanding and compliance with all of the aforementioned statutory requirements.

Operator’s Signature: _____

Date: _____

Fill out Section 6(a) OR Section 6(b) as applicable.

SECTION 6(a): Release of Information (Non-Confidential) Form. You must complete this section if you DO NOT meet the requirement of the public record exemption statutes.

**Release of Information
Registered Family Day Care Home
(Non-Confidential)**

The Department of Children and Families has developed the Statewide Child Care Licensing Information System. All child care arrangements licensed or registered by the Department are included on this website. Addresses of family child care homes will be optional; however, **all** telephone numbers will be included as a means of contact.

This website is a valuable tool and includes a "search screen" to assist parents looking for resources and child care arrangements in their community. In the absence of an address, your home will not be included on the list of available providers when information is requested through an "address search."

Each provider may request the address of the family day care home/large family child care home be included on the website by completing the following:

I attest that I am the operator of a registered or licensed family day care home/large family child care home and request the **address** of my home be included on the child care licensing website along with my telephone number.

Yes, include my address

No, do not include my address

Signature of Operator

Date

Name of Home (please print)

OR

**SECTION 6(b): Confirmation of Statutory Confidential Status Form.
Complete this section ONLY if you meet the requirements of the public record exemption statutes.**

**Confirmation of Statutory Confidential Status
Registered Family Day Care Home**

Section 119.07, F.S., and other Florida Statutes require that names, addresses, telephone numbers, location of schools, and places of employment for specific types of personnel, their spouses and their families be kept confidential. Examples of these types of employees are:

Law Enforcement officers

Investigators of Abuse and Neglect

Firefighters

Justices of the Court

Child Support Enforcement staff

State Attorneys

Foster parents

Employees involved in Revenue Collection

State Prosecutors

County/Municipal Code Enforcement officers

Investigators/Inspectors of DBPR

Public Defenders

Human Resources employees

Juvenile Justice employees

Guardians ad litem

If you meet the statutory criteria for "Confidential Status," you must submit supporting documentation (ex: copy of business card or a letter/statement from employer).

I attest that I am a current law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s.119.07, F.S., or other Florida Statutes, and **do not** want my family day care home/large family child care home demographic information displayed on the child care licensing website.

I attest that I am a current law enforcement officer, other employee, or the spouse or child of one, who is exempt from public records disclosure under s.119.07, F.S., or other Florida Statutes. However, I **do want** my family day care home/large family child care home demographic information displayed on the child care licensing website.

Please include the following (check only one):

Telephone number only

Both the address and telephone number

Signature of Operator

Date

Name of Home (please print)