

**REGISTERED FAMILY DAY CARE
INITIAL CHECKLIST**

Check that you have included each required document. All documents must be submitted in a single package, with this page on top. Please do not staple documents or submit double sided copies. Failure to submit all required documents will result in a delay of processing your registration request.

Please return the completed documents to the following address:

Department of Children and Families
Office of Child Care
2415 North Monroe St., Suite 400, Room N216
Tallahassee, FL 32303

INITIAL REGISTRATION	
<input type="checkbox"/>	DCF Application to Operate a Registered Family Day Care Home
<input type="checkbox"/>	\$25 Check or Money Order-made payable to the Department of Children and Families
<input type="checkbox"/>	Completed Attestation of Good Moral Character for Operator
<input type="checkbox"/>	Copy of Fictitious Name Registration (if applicable)
<input type="checkbox"/>	DCF Child Care Background Screening Clearance for Operator
<input type="checkbox"/>	Completed Abuse and Neglect Reporting Acknowledgement Form for Substitute
<input type="checkbox"/>	Completed Attestation of Good Moral Character for Substitute
<input type="checkbox"/>	DCF Child Care Background Screening Clearance for Substitute
<input type="checkbox"/>	Completed Attestation of Good Moral Character- all Adult Household Members
<input type="checkbox"/>	DCF Child Care Background Screening Clearance for all Adult Household Members
<input type="checkbox"/>	Florida Department of Law Enforcement Check Results for any Juvenile Household Members (ages 12-17)
<input type="checkbox"/>	Proof of completion of the 30-hour DCF family day care home training courses as well as an approved 5-hour course in early literacy and language development of children ages birth through five years of age
<input type="checkbox"/>	A copy of the completed Registered Family Child Care Home Health and Safety Checklist
<input type="checkbox"/>	A copy of the operator's driver's license
<input type="checkbox"/>	Five year employment history for the operator
<input type="checkbox"/>	Five year employment history for the substitute
<input type="checkbox"/>	Zoning/HOA Form