



CARES USER GUIDE

HOW TO APPLY ONLINE FOR A FAMILY DAY CARE HOME LICENSE

INTRODUCTION

This guide provides instructions on how to apply online for a license to operate a family day care home 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.

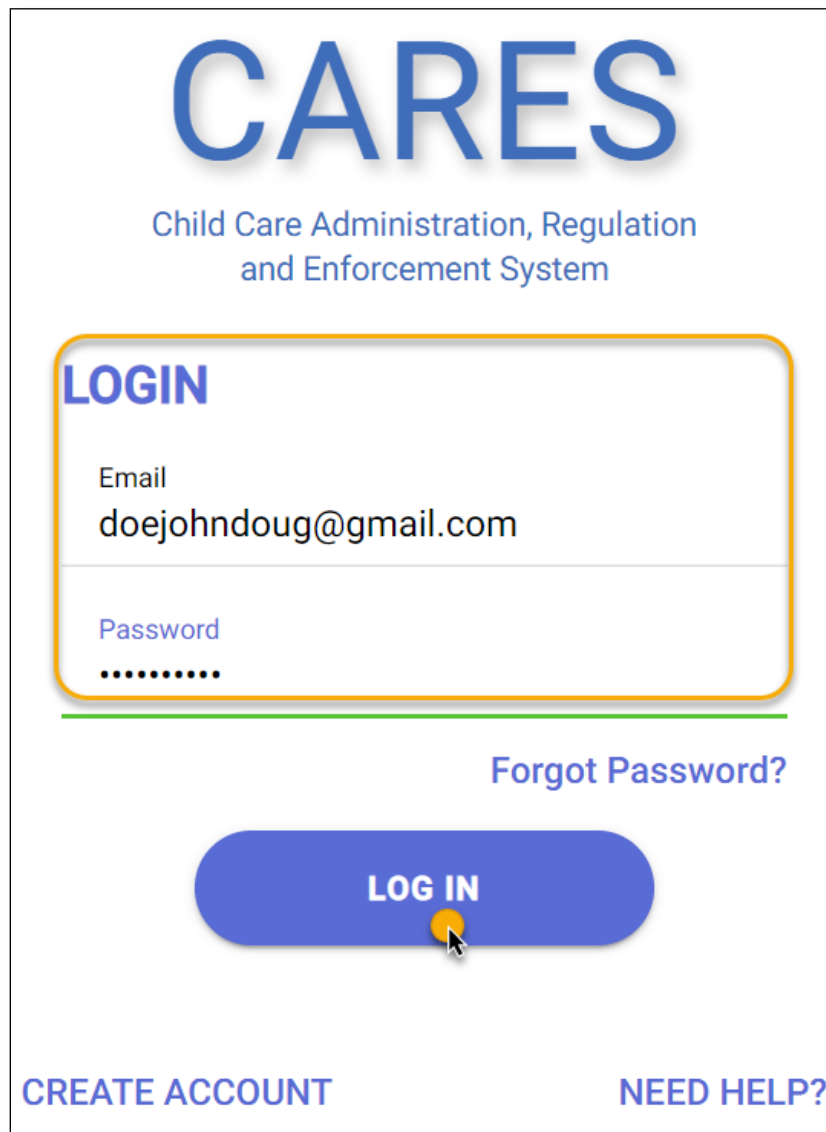
The screenshot shows the Florida Department of Children and Families website. The left sidebar contains a list of links: Adoption, Child Care, Child Care Alarms for Transportation, For Families, For Child Care Providers And Staff, Training and Credentialing, Other Programs and Services, Announcements, Laws and Requirements (highlighted with an orange box), Independent Living for Youth and Young Adults, Becoming a Foster Parent, and Child and Family Well-Being. The main content area is titled 'Child Care Laws and Requirements' and contains the following text: 'The following provides detailed information on the laws and requirements that governs the operation of child care facilities and homes within the State of Florida. Referenced are the Florida Statutes Sections 402.26 - 402.319 and the Florida Administrative Codes, Chapters 65C-20, 65C-22 and 65C-25.' Below this text are four sections: 'Florida Statutes' (listing Child Care Statutes, Level 2 Screening Standards, and Licensing), 'Florida Administrative Code' (listing Family Day Care/Large Family Child Care Homes, Child Care Facility/Center, Mildly-Ill Child Care, and Communicable Disease), 'Licensing Handbooks' (listing Facility Handbook, Family Child Care Home Licensing Handbook, and School Age Handbook), and 'Classification Summaries' (listing Child Care Facility, Licensed Family Day Care Home, Large Family Child Care Home, School-Age Facility, and Specialized Child Care Facility for the Care of Mildly-Ill Children).

GETTING STARTED

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

Once you are ready to fill out the online application, login in to **CARES** to access the family day care home 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 yellow rounded rectangle highlights the login fields. Inside, the "LOGIN" header is in blue. The "Email" field contains "doejohndoug@gmail.com". The "Password" field is masked with dots. Below the password field is a green horizontal line and a blue link for "Forgot Password?". A large blue "LOG IN" button is centered below, with a mouse cursor clicking it. At the bottom, there are two blue links: "CREATE ACCOUNT" on the left and "NEED HELP?" on the right.

CARES
Child Care Administration, Regulation
and Enforcement System

LOGIN

Email
doejohndoug@gmail.com

Password
.....

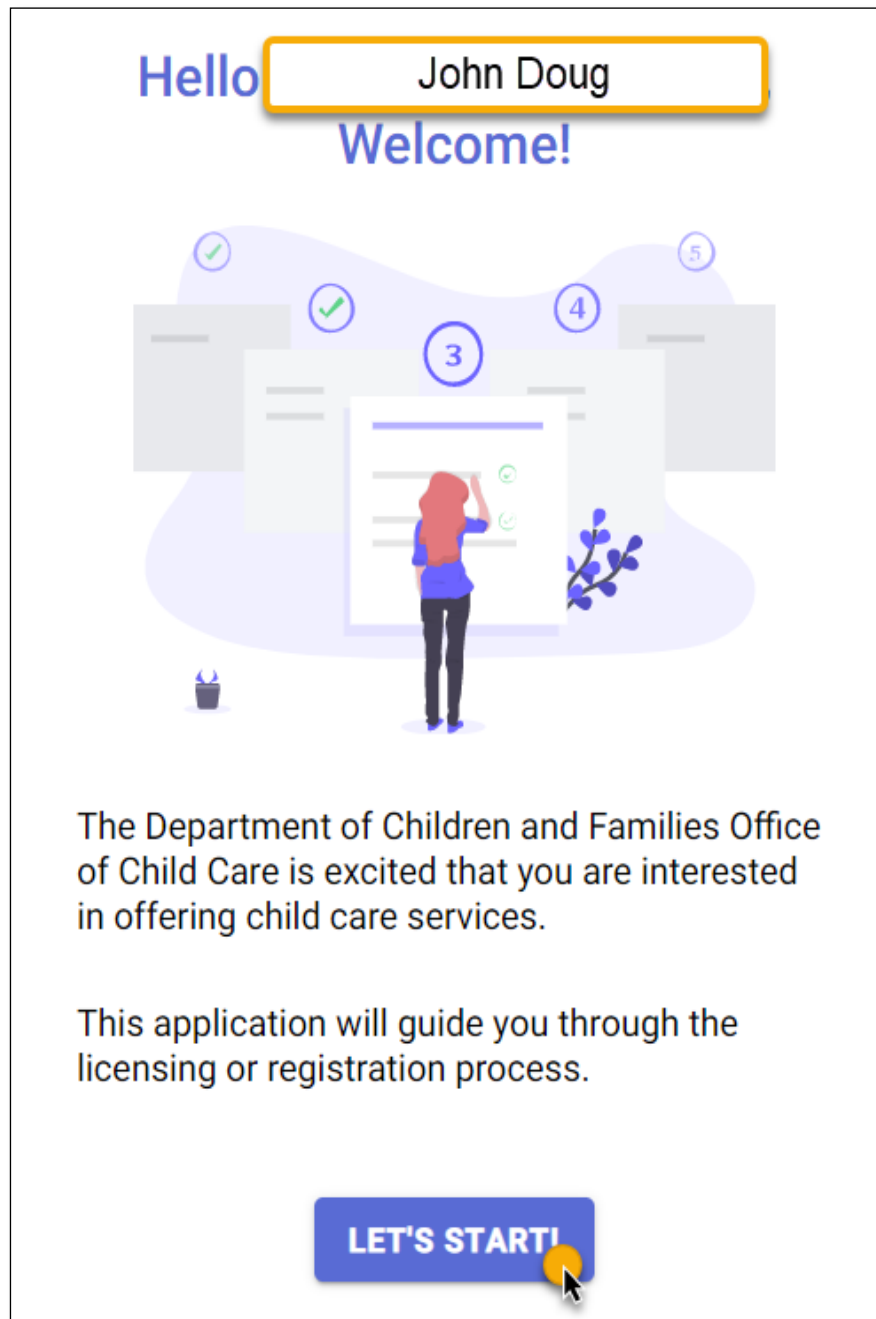
[Forgot Password?](#)

LOG IN

[CREATE ACCOUNT](#) [NEED HELP?](#)

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

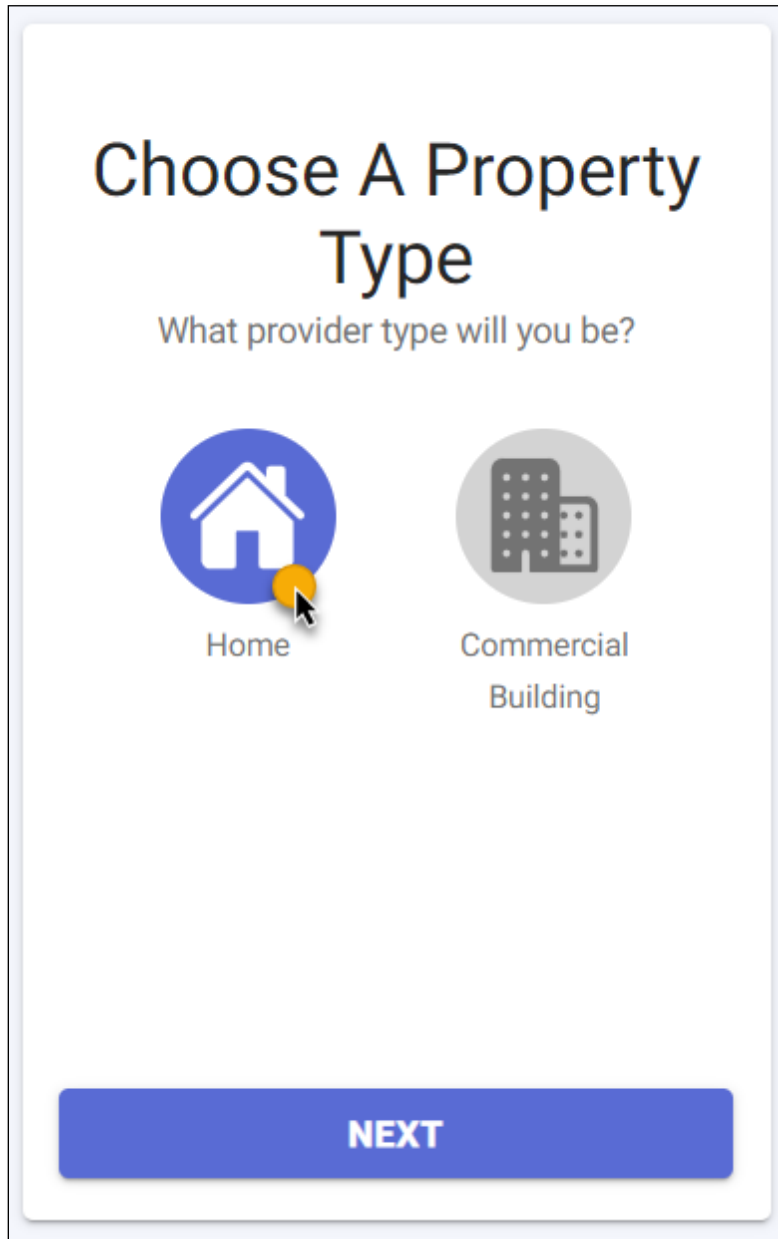
- Select **Let's Start** to proceed.



QUESTIONNAIRE

The application process begins with a **Questionnaire** consisting of three questions regarding your family day care home.

Question 1: On the **Property Type** page, select Home.



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 your home is located.

Select **NEXT**.

Question 3: On the **Number of Children** page, select **10 or Less** 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?



10 or Less



More than 10

BACK

NEXT

RECOMMENDATION

Base on your responses to the **Questionnaire**, the **Recommendation** page will display the appropriate application to use for your family day care home.

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 Family Day Care Home](#) 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**.

The screenshot shows the 'Recommendation' page with several sections and annotations. An orange box highlights the 'APPLY NOW' button, with an arrow pointing to it from the text 'Click on links for more Information'. Another orange box highlights the 'Licensing Office Contact' section, with an arrow pointing to it from the text 'For further details, please contact:'. A third orange box highlights the 'See exception' link, with an arrow pointing to it from the text 'Click on links for more Information'.

Recommendation

- Voluntary Prekindergarten Education Program (VPK)

Background Screening
All of the following people must complete a Level 2 Background Screening:

- Operator
- Substitutes
- Household Members that are 18 years of age or older.

Screenings to be completed:

- FBI/FDLE
- Out of State Criminal Record Check (if applicable)
- Child Abuse and Neglect Registry Checks
- Sex Offender Registry Checks
- Juvenile Screening for household members between the ages of 12 and 17
- Attestation of Good Moral Character
- Mandatory Child Abuse and Neglect Reporting Requirements

Training –Other Staff
Substitutes working more than 40 hours a month: 5 hours of training in Early Literacy and Language Development.
Substitutes working less than 40 hours a month: 6 Clock Hour Family Child Care Rules and Regulation. ([See exception](#))

For additional information regarding applying for licensure for a Family Day Care Home, 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/services/child-family/child-care/>

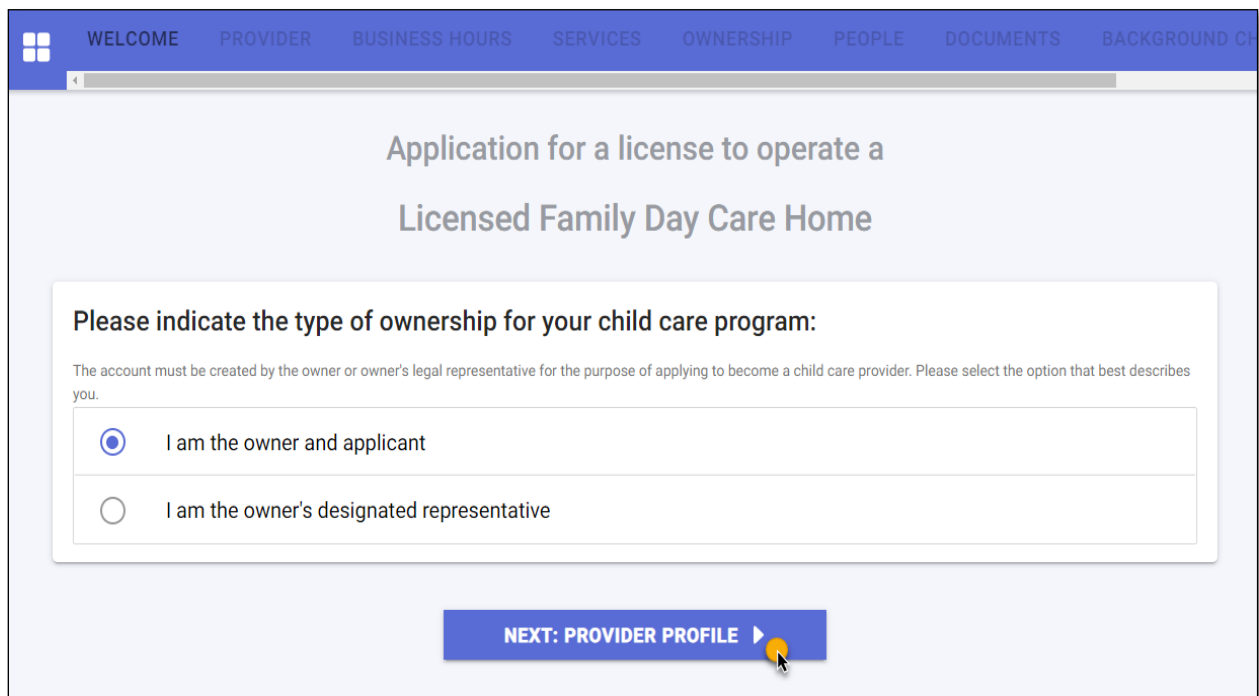
Program Office Contact:
Office of Child Care
(850) 488-4900

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 family day care home.
- 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 CHECK

Application for a license to operate a Licensed Family Day Care Home

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 your family day care home details in the required fields.

- Enter the **Name** or **Doing Business As** of your family day care home.

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

- Enter the **Physical Address** of your home. 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** on the question- **Is the owner's house adjacent to the Physical Address?**

Address	<small>Address</small> 500 Appleyard Dr	
	<small>City</small> Tallahassee	
	<small>State</small> FL	<small>ZIP Code</small> 32304
	<small>Leon ▼</small>	
	<small>+ Add Mailing Address (if different from physical)</small>	
	Is the owner's house adjacent to the physical address?	
	<input checked="" type="radio"/> Yes	
	<input 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. Select the (+) icon to provide additional phone numbers such as cell phone, work phone, or fax number.
- Enter the **Primary Email Address**. Select the (+) icon to provide additional email addresses.
- If you have a **website** for your business, enter the website's URL.

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

- On the **Program Sub-Type** section, select **Birth to SA**.

Program Type

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

Birth to SA
My business will serve children ages birth through school age.

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

Program Details

Program Type
Family Day Care Home

License Type
Licensed

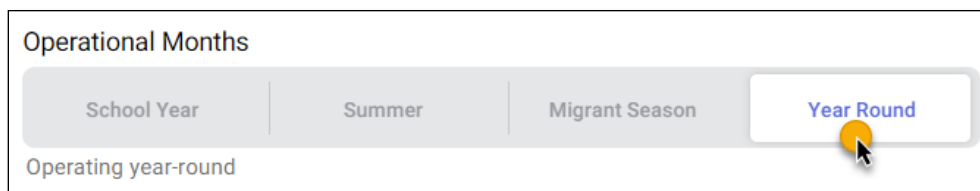
Program Sub-Type
Birth to SA

BACK **SAVE & CONTINUE**

BUSINESS HOURS

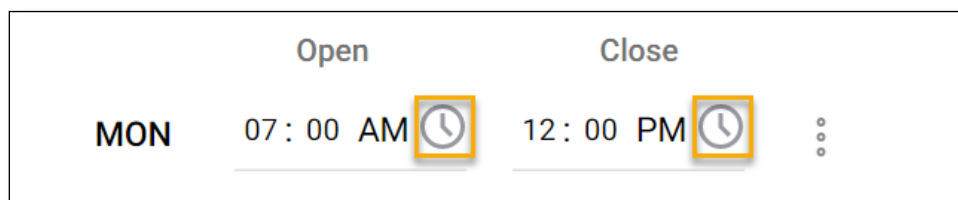
On the **Business Hours** page, select one option for **Operational Months** to indicate when your family day care home will be open.

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



The image shows a selection interface titled "Operational Months". It contains four buttons: "School Year", "Summer", "Migrant Season", and "Year Round". The "Year Round" button is highlighted with a blue border and a yellow circle, and a mouse cursor is pointing at it. Below the buttons, the text "Operating year-round" is displayed.

- Enter the operational hours of your family day care home for each day. Use the clock icon or manually enter the open and close hours of your business.



The image shows a form for entering operational hours. It has two columns: "Open" and "Close". Under "Open", the text "MON" is followed by "07:00 AM" and a clock icon. Under "Close", the text "12:00 PM" is followed by a clock icon. To the right of the clock icons are three vertical dots. The clock icons are highlighted with yellow boxes.

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

MON

Open	Close
07:00 AM	12:00 PM
01:00 PM	08:00 PM

- Add Time Slot
- Remove Time Slot
- Clear
- Copy
- Paste
- Open 24 Hours/All Days

- If your family day care home is closed on specific days, select the ellipsis next to the **Days and Hours** field and select **Remove Time Slot**.

Once you have entered your days and hours of operation, select **SAVE & CONTINUE**.

SAT Closed

SUN Closed

- Add Time Slot
- Remove Time Slot
- Clear
- Copy
- Paste
- Open 24 Hours/All Days











BACK 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.

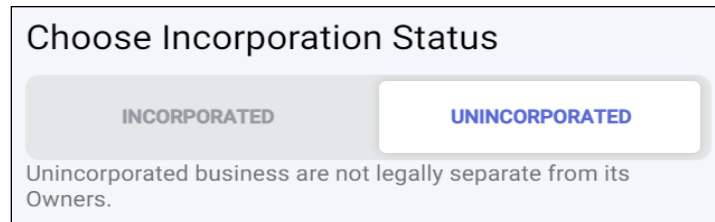
Once you have indicated the service(s) you intend to provide, select **SAVE & CONTINUE**.

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

[BACK](#)[SAVE & CONTINUE ▶](#)

OWNERSHIP

On the **Ownership** page, select **Incorporated** or **Unincorporated** as the **Incorporation Status** of your family day care home.



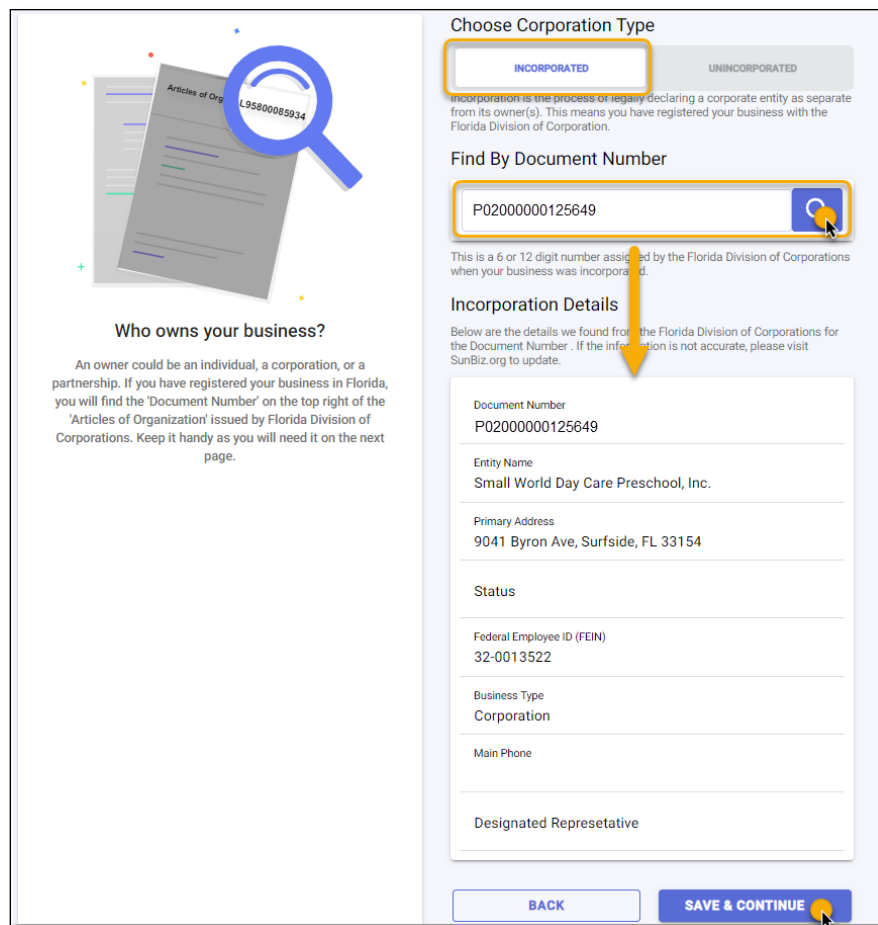
Choose Incorporation Status

INCORPORATED **UNINCORPORATED**

Unincorporated business are not legally separate from its Owners.

If your business 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**.



Who owns your business?


An owner could be an individual, a corporation, or a partnership. If you have registered your business in Florida, you will find the 'Document Number' on the top right of the 'Articles of Organization' issued by Florida Division of Corporations. Keep it handy as you will need it on the next page.

Choose Corporation Type

INCORPORATED **UNINCORPORATED**

Incorporation is the process of legally declaring a corporate entity as separate from its owner(s). This means you have registered your business with the Florida Division of Corporations.

Find By Document Number

P02000000125649 

This is a 6 or 12 digit number assigned by the Florida Division of Corporations when your business was incorporated.

Incorporation Details

Below are the details we found from the Florida Division of Corporations for the Document Number . If the information is not accurate, please visit SunBiz.org to update.

Document Number
P02000000125649

Entity Name
Small World Day Care Preschool, Inc.

Primary Address
9041 Byron Ave, Surfside, FL 33154

Status

Federal Employee ID (FEIN)
32-0013522

Business Type
Corporation

Main Phone

Designated Representative

BACK **SAVE & CONTINUE**

If your family day care home is **Unincorporated**, select **Individual** as the **Ownership Type** and enter your information as the owner.

IMPORTANT NOTE: Partnership and Other Entity **do not apply** for family day care home providers.


The screenshot shows two sections of the application form. On the left, there is a graphic of a magnifying glass over a document labeled 'Articles of Org' with the number 'L95800085934'. Below this graphic is the text 'Who owns your business?'. On the right, the 'Choose Incorporation Status' section has two buttons: 'INCORPORATED' and 'UNINCORPORATED'. The 'UNINCORPORATED' button is highlighted with an orange box, and an orange arrow points down from it to the 'Choose Ownership Type' section. This section has three options: 'Individual' (highlighted with an orange box), 'Partnership', and 'Other Entity'. Below these options is a description: 'An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.'

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

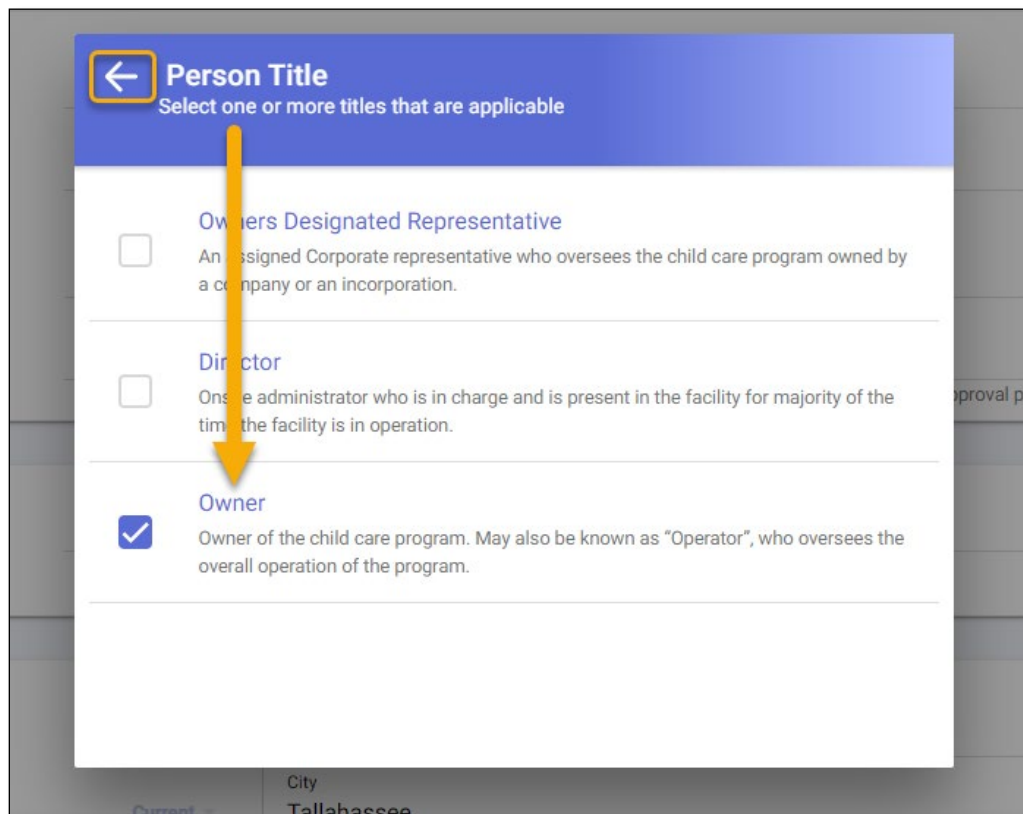
The screenshot shows the 'Choose Ownership Type' section with three options: 'Individual', 'Partnership', and 'Other Entity'. The 'Individual' option is selected and highlighted with an orange box. Below the options is a description: 'An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.' Below this description is the 'Owner' section, which contains the text 'Martha Lucille' and 'Owner'. An orange arrow points from the 'Add Owner' button to the 'Owner' section. The 'Add Owner' button is a blue button with a white plus sign and the text '+ Add Owner'. Below the 'Owner' section is a note: 'Choose the + button to add a new person as owner, (not listed in the above list).'


On the **Person Detail** page, enter your information on the required fields.

- Enter your **First** and **Last** name
- Enter your **Date of Birth**
- Enter your **Social Security Number**

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

- Select **Owner** as the **Person 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.

Current City
Tallahassee

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

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

- Select **Yes** or **No**, if you have a child care training account with DCF.

IMPORTANT NOTE: You must complete your 30-hour required training before you can become licensed.

The screenshot shows the 'Training & Credentials' section. It includes a heading 'Training & Credentials' and a paragraph: '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 a question 'Do you have a StudentID?' with an information icon. There are two radio button options: 'Yes' (unselected) and 'No' (selected). Below the 'No' option is a link that says '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.

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


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.

Owner

Martha Lucille
Owner

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

+

BACK

SAVE & CONTINUE ►

PEOPLE

You will use the **People** page to add household members and the **Substitute for the Owner**.

IMPORTANT NOTE: Individuals who are required to be background screened must have their background screening completed to apply. See [Opening a Licensed Family Day Care Home](#) for more information on background screening requirements.

- Select the **Add Person (+)** icon to add household members and the **Substitute for the Owner** for your family day care home.

The screenshot displays the 'PEOPLE' management interface. On the left, a search bar is at the top, followed by a list of people categorized by initials 'M' and 'S'. The 'M' category lists 'Martha Lucille' as the 'Owner', and the 'S' category lists 'Suzie Lucille' as a 'Household Member'. Each entry has an edit icon (pencil) and a delete icon (trash). On the right, a detailed form for 'Martha Lucille' is shown, with fields for Name, Role, Address, Phone, and Email. The 'Add Person (+)' button is located at the bottom right of the form, and a yellow arrow points from it to the list of people on the left.

Search Person
M
Martha Lucille Owner
S
Suzie Lucille Household Member

Name	Full Name Martha Lucille
Previous Name(s)	
Date of Birth	Nov 23, 1957
Social Security Number	****4610
Role	Owner
Is this person the applicant?	Yes
Address	Current 3604 Deer Hill Trl Tallahassee, FL 32312
Phone	Cell (956) 586-5458
Email	yep@yep.com

[+ Add Person](#)

[BACK](#) [SAVE & CONTINUE ►](#)

On the **Person Detail** page, enter the person'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**

Name	Full Name
	John Doug
	Previous Name(s)
	Including maiden name. If more than one name, separate them with commas.
Date of Birth	12/22/1982
Social Security Number	000-00-0000
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.

Full Name
Suzie L

Previous

Including

Date of Birth
12/22/1

Social Security Number
223-43

SSN is us

Select

How is th

Person Title
Select one or more titles that are applicable

☐ Owners Designated Representative
An assigned Corporate representative who oversees the childcare program owned by a company or an incorporation.

☒ Household Member
Someone who resides with the child care operator, if the facility is located in/adjacent to the home of the operator.

☐ Owner
Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program.

☐ Substitute for Owner
A designated personnel who will take the responsibilities of the Owner when the Owner is absent or unavailable. >

For **Substitute for the Owner**:

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

TRAINING NOT FOUND?

If the person'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 household members and the Substitute's information are entered, select **SAVE & CONTINUE**.

Search Person

M

Martha Lucille
Owner

S

Suzie Lucille
Household Member

Name

Full Name
Martha Lucille

Previous Name(s)

Date of Birth
Nov 23, 1957

Social Security Number
*****4610

Role

Owner

Is this person the applicant?
Yes

Address

Current
3604 Deer Hill Trl
Tallahassee, FL 32312

Phone

Cell
(956) 586-5458

Email

yep@yep.com

+ Add Person

BACK **SAVE & CONTINUE ▶**

DOCUMENTS

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

- Select the 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 on the **People** page. This can be done by completing the online form or by uploading employment history information.

- Select the **Employment History** form and provide your 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- If applicable, you may attest that you have Homeowners Association approval or approval from your Landlord to operate a large family child care in your home by uploading an approval document. You may also attest that you understand you are responsible for obtaining such approval 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.

ZONING ATTESTATION
Approval from local HOA/Landlord acknowledging their responsibility for compliance

The department requires providers to obtain approval from the local government entity, HOA, and/or Landlord, or sign an attestation acknowledging their responsibility for ensuring compliance with their local government entities, HOA, and/or Landlord.

Approval or attestation documents must be submitted as part of the application. The approval can be in the form of a letter on letterhead or an official form from the local government entity, HOA, and/or Landlord.

- Local Government
- Homeowners Association
- Landlord
- ✓ Self-Attestation

One of the above documents must be provided.

Attachments
Optional: Attach documents that supplement of self attestation

Martha Lucille | Zoning - Self Attestation Form

ACKNOWLEDGEMENT OF RESPONSIBILITY TO COMPLY WITH ZONING-BUILDING CODE/HOME OWNERS ASSOCIATION/LANDLORD

By signing below, I, Martha Lucille applicant of [Early Learning Center](#), attest that I understand that I am responsible for obtaining any required approvals from the local government entity (including the zoning-building code office), Homeowner's Association (if applicable), landlord (if applicable) and any other interested entity prior to operating even through a license has been issued by the Department of Children and Families (the "Department") to operate a Child Care Facility, Family Day Care Home, or Large Family Day Care Home.

I also understand that the Department's issuance of a license is not proof that I have obtained the necessary and required consents and/or permits that may be required for operation of my business from the local government entity, HOA, Landlord, and/or other interested entity.

I also acknowledge and agree that if I am issued a license to operate a Child Care Facility, Family Day Care Home, or Large Family Day Care Home by the Department without the necessary approval(s), I will not hold the Department liable if the local government entity, HOA, Landlord, and/or other interested entity imposes a fine or closes my business for non-compliance with their requirements.

Martha Lucille
06/15/2021

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

DOCUMENTS
The following documents must be submitted with the application

- ✓ Attestation of Good Moral Character
Self attestation by the signer that there are no violations / arrests / pending litigation that involves the disqualifying offenses.
- ✓ Child Abuse & Neglect Reporting
Acknowledgement of receipt of information and understanding of the statutory requirements for mandatory reports of child abuse and neglect to the Florida Abuse Hotline.
- ✓ Employment History
Validation of the person's employment history to determine the person's work ethic and childcare experience.
- ✓ Zoning - Building HOA/Landlord Attestation
Approval from local HOA/landlord acknowledging their responsibility for compliance.

Attachments
Optional: Attach documents that supplement Attestation of Good Moral Character

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](#)
4. [Murder](#)
5. [Sexual misconduct with certain mental health patients and reporting of such sexual misconduct](#)

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 screenshot shows a web interface titled "Frequently Asked Questions". It lists four questions with expandable/collapsible arrows on the right: "How do I register with AHCA?", "Who is required to have a Fingerprint Check?", "What is a Juvenile Records Check?", and "Where do I go to get fingerprinted?". An orange callout box with an arrow points to the fourth question, containing the text "Select the question to view the answer." Below the questions, there is a section for "LiveScan service providers approved by the FDLE" and a "Find Live Scan Locations" search bar. The search bar contains the text "1317 Winewood Blvd Ste 6, Tallahassee, FL, 32399". Below the search bar, it says "Use an addresses or ZIP Code to find LiveScan providers within 50 mile radius". At the bottom of the page, there is a footer for the "Florida Department of Juvenile Justice" with the address "2737 Centerview Dr" and a phone icon. Navigation buttons "BACK" and "NEXT: SUMMARY ►" are at the bottom.

The **Background Check** page also provides you with the ORI and OCA numbers needed to complete the background screening process for you, household members and the substitute. You will need these numbers in order to register an account for your family day care home 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.

The screenshot shows a blue rectangular box with white text. At the top, it says "Keep this ORI# and OCA# on hand." Below this, it says "You will need this number, in order to register your facility account in the AHCA portal." Then, it says "Business Name" followed by "Your business name as it appears on your application." Below that, there are two orange-bordered boxes. The first one contains "ORI#" and "EDCFGN10Z". Below this, it says "ORI stands for Originating Agency Identifier Number. These numbers explain the need for the background check with the Florida Department of Law Enforcement (FDLE) and where to send [more...]" The second orange-bordered box contains "OCA#" and "02370546Z". Below this, it says "OCA stands for Originating Case Agency Number. This number is typically used in conjunction with the above ORI number to identify the applicant's need for the background check. In [more...]"




Once you have the results for you, any household members, and the Substitute, 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

✓	Martha Lucille Cleared 04/14/2020	
✓	John Doug Cleared 05/18/2021	
✓	Remonica Waller Cleared 05/18/2021	

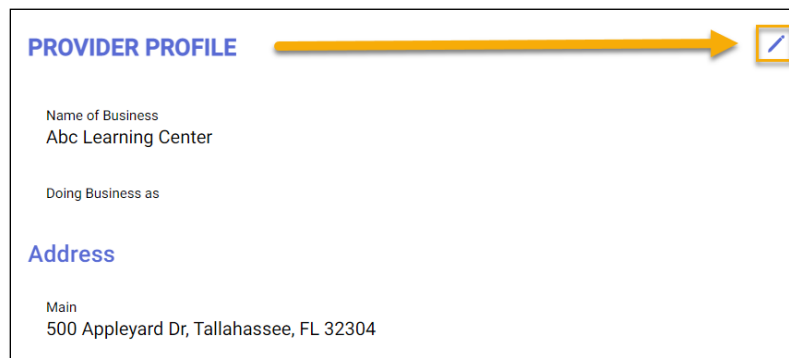
APPLICATION REVIEW AND ACKNOWLEDGEMENT

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

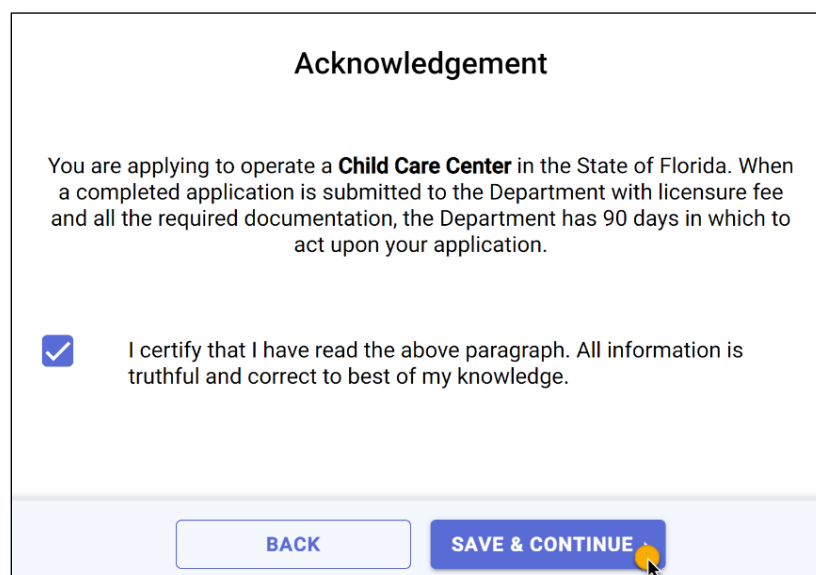
Doing Business as

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.


BACK **SAVE & CONTINUE**

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.

The screenshot shows the CARES Dashboard interface. At the top is a blue navigation bar with the Florida Department of Children and Families logo on the left and icons for Dashboard, Search, Providers, Notification, Forms, and More on the right. Below the navigation bar, a large blue box on the left indicates 'Application 1'. To the right of this box is a white card titled 'Application' containing a table with application details.

Submitted Date	Name
05/21/2021	Abc Learning
90 days	Child Care Facility
	Submitted

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

DESCRIPTION	TOTAL
License Fee FY 2021-22	\$25.00
Total Due	\$25.00


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
		Total USD	25.26

[« 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 

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 family day care home license.

1	2
<h1>Receipt</h1>	<p>Thank you! We've received your payment</p> <p>Here is your confirmation number</p> <p>740859345</p>
Return To CARES	Close