



Notification of Child Care Facility Operation Religious Exemption from Licensure Allowance, s. 402.316, F.S.

For an **initial** notification to the Department of the operation of a child care facility under the allowance for Religious Exemption from Licensure:

- Complete the entire form below;
- Attach a current Accreditation or Membership Certificate, as required by your accrediting or membership agency, (the list of recognized accrediting agencies is on the last page of this document);
- Attach a notarized letter on church letterhead, signed and dated, from an authorized representative of the church or parochial school, stating and describing how the child care facility is an integral part of the church or parochial school; and
- Attach an Attestation of Compliance with background screening requirements.

The acknowledgement from the Department may be provided as evidence of exemption from licensure to other state agencies or funding entities.

The Department will use the information provided in this notification to post on the Department's Provider Web Search. The information about your child care facility can be used to assist parents/legal guardians searching for child care arrangements available.

To notify the Department of **ongoing** operation of a child care facility that meets the criteria of s. 402.316, F.S., and to receive annual acknowledgement by the Department as to the operation:

- Submit a completed form annually;
- Attach a current Accreditation or Membership Certificate;
- Attach a current notarized letter on church letterhead, signed and dated, from an authorized representative of the church or parochial school (a school operated by a church), stating and describing how the child care facility is an integral part of the church or parochial school; and
- Attach an Attestation of Compliance with background screening requirements.

This form, notarized letter(s), the church's Accreditation/Membership Certificate(s), and Attestation of Compliance may be emailed to ReligiousExemption@myflfamilies.com or mailed to the address below:

Department of Children and Families
Office of Licensing
2415 N. Monroe St., Suite 400, Room 216
Tallahassee, Florida 32303



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Provider Information:

DCF ID Number _____

Name of Facility/Program: _____ Capacity: _____

Physical Address: _____
Street

City _____ County _____ Zip _____

Mailing Address (if different): _____
Street

City _____ Zip _____

Phone Number: _____ Email Address: _____

Director Name: _____

1. Is the program currently licensed or certified by any other agency, entity, or holds a religious exemption from licensure?

_____ Yes _____ No

2. a. Who operates the program (provides services to the children)?

- _____ Church
- _____ Parochial School (operated by a church)
- _____ Non-public School
- _____ Corporation or LLC
- _____ Individual owner
- _____ Partnership – not incorporated
- _____ Other (please provide specifics)

b. What is the legal name of the entity indicated in 2A? _____

3. Accrediting/Membership Organization: _____

4. Date Accreditation/membership was initially granted or most recently renewed: _____



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PROGRAM DESCRIPTION

5. What kind of program is being operated?

- | | |
|---|---|
| <input type="checkbox"/> Before school (school age only) | <input type="checkbox"/> Afterschool (school age only) |
| <input type="checkbox"/> Before school (school age and Pre-K) | <input type="checkbox"/> Afterschool (school age and Pre-K) |
| <input type="checkbox"/> Birth – 3 years | <input type="checkbox"/> Pre –K (3 and/or 4 year olds) |
| <input type="checkbox"/> Pre-K wraparound/extended day | <input type="checkbox"/> Summer camp (school age only) |
| <input type="checkbox"/> Drop-In Care | <input type="checkbox"/> Other (Please specify) _____ |

6. When does the program operate?

School Year Only

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: _____ AM/PM to _____ AM/PM

Summer Only

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: _____ AM/PM to _____ AM/PM

Year Round

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: _____ AM/PM to _____ AM/PM

Services Provided (Check all that apply):

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Full Day | <input type="checkbox"/> Half Day | <input type="checkbox"/> Drop In | <input type="checkbox"/> Night Care |
| <input type="checkbox"/> Weekend Care | <input type="checkbox"/> Before School | <input type="checkbox"/> After School | <input type="checkbox"/> Infant Care |
| <input type="checkbox"/> Food Served | <input type="checkbox"/> Transportation | <input type="checkbox"/> School Year Only | <input type="checkbox"/> VPK |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> School Readiness | <input type="checkbox"/> Non-Public School | <input type="checkbox"/> Gold Seal |
| <input type="checkbox"/> School Age Only | <input type="checkbox"/> Faith Based | <input type="checkbox"/> Urban Zone | |



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Attach and Submit Information

Be sure to attach the following documents:

- Current Accreditation/Membership Certificate,
- Notarized letter signed and dated on church letterhead from an authorized representative of the church or parochial school stating the program is an integral part of the church or parochial school and describing how the program is an integral part of the church or parochial school that is conducting regularly scheduled classes, courses of study, or educational programs,
- Attestation of Compliance for Background Screening Requirements.

I attest the above information is true and correct and that the facility is an integral part of the above- referenced church or parochial school conducting regularly scheduled classes, courses of study, or educational programs accredited by, or by a member of, an accrediting organization which publishes and requires compliance with its standards for health, safety and sanitation, pursuant to section 402.316(1), Florida Statutes.

I further attest the facility is in compliance with the Florida Statutes in regards to meeting the minimum requirements of the applicable local governing body as to health, sanitation, and safety as well as background screening requirements (ss. 402.305, 402.3055, 435.04, 435.05, and 435.06 Florida Statutes).

Have you ever been employed in a child care program that had a license denied, revoked or suspended in any state or jurisdiction?

Yes No

While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for a child care facility receiving an administrative fine or other disciplinary action?

Yes No

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 facility's exemption from licensure.

Name of Director

Name of Church Leader

Signature

Signature

Date

Date