



Instructions and Resource Page for Application for a License to Operate a Large Family Child Care Home

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 licensing agency if there are any questions relating to this application.

- Complete in blue or black ink; no white out may be used or strikethrough. Use of white out will result in the application being returned to the applicant. Any information that has a strikethrough must be initialed by the applicant.
- The license, if approved, will be issued in the name of the owner/operator. The owner/ operator may be an individual or a corporation, and the license must be posted in a conspicuous location where the large family day care home is operating.
- The application must be signed by the individual owner/ operator, or the designated representative of the corporation, and must include submission of background screening documents for the owner/operator, and approved fire and environmental health inspections. A large family day care home will be issued in the name of the owner and for the physical address location identified on the application.
- An application is not considered complete until all documents are received, which includes submission of background screening documents for the owner/operator, licensure fee, and approved fire and environmental health inspections (if applicable). Obtain approval from local zoning and building code offices prior to the submission of the application.
- A completed application for renewal of an annual license must be submitted to the licensing authority at least 45 days prior to the expiration date of the current license to ensure that a lapse of licensure does not occur. Failure to submit a completed application at least 45 days prior to the expiration date of the current license constitutes a licensing violation as defined in paragraph 65C-20.008(3), F.A.C.
- The issuance of the license is contingent upon the payment of any fines previously imposed as a sanction against an applicant's license that was not contested and/or that was affirmed through the administrative process or an administrative hearing.
- The large family day care home license is issued for the physical address location notated on the completed application.
- The license is issued by the Department to an owner/ operator for a single location and is non-transferable between owners and locations.
- Every large family day care home must hold a valid license or registration prior to operation.
- Within 30 days of receipt of the application, the Department must notify the applicant in writing of any error(s) or omission(s) on the application and any additional information needed for the application to be considered complete.
- The Department has a 90-day time limit for approving or denying the license once the completed application has been submitted. Remember: An application is not complete until all requirements have been submitted. The submission of a completed application starts the 90-day "clock" for the approval or denial of the license.
- For the purpose of issuing a license, any out-of-state criminal offense, which if committed in Florida would constitute a disqualifying felony offense, shall be treated as a disqualifying felony offense for screening purposes.

***FOR INITIAL LICENSES and RENEWALS:** Issuance of an Initial License or Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that was not contested, or that was affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.



APPLICATION FOR A LICENSE TO OPERATE A LARGE FAMILY CHILD CARE HOME

**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:
<input type="checkbox"/> Yes
<input type="checkbox"/> No

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 licensing agency if there are any questions relating to this application.

***FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license that was not contested, or that was affirmed at an administrative hearing. If, at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)																																															
Application Type (Choose One): <input type="checkbox"/> Initial <input type="checkbox"/> *Renewal Year _____ <input type="checkbox"/> Revision of Existing License																																															
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:																																															
E-Mail Address:			E-Mail: <input type="checkbox"/> Do Not Have E-Mail <input type="checkbox"/> Do Not Wish to Provide			Fax Number (including area code): ()																																									
Date of Birth:			Social Security Number*:																																												
Dates home was licensed for two years as a Family Day Care Home:			Date Staff Credential (excluding Employment History Recognition) was verified:			Is your Staff Credential Active? <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Days and Hours of Operation – please check AM or PM as applicable:																																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 12.5%; text-align: center;"><u>Monday</u></th> <th style="width: 12.5%; text-align: center;"><u>Tuesday</u></th> <th style="width: 12.5%; text-align: center;"><u>Wednesday</u></th> <th style="width: 12.5%; text-align: center;"><u>Thursday</u></th> <th style="width: 12.5%; text-align: center;"><u>Friday</u></th> <th style="width: 12.5%; text-align: center;"><u>Saturday</u></th> <th style="width: 12.5%; text-align: center;"><u>Sunday</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 24 hour care</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> </tr> <tr> <td>Opening Time: _____</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> </tr> <tr> <td>Closing Time: _____</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> <td><input type="checkbox"/> PM</td> </tr> </tbody> </table>									<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<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
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Months of Operation: <input type="checkbox"/> School Year Only <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____																																															
Number of Children in Care (including your own):			Number of Preschool (ages 0-5) Children:			Number of School-Age Children:																																									
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"/>																																									
After School <input type="checkbox"/>		Weekend <input type="checkbox"/>		Infant Care (0-1) <input type="checkbox"/>		Food Served <input type="checkbox"/>																																									
				Before School <input type="checkbox"/>																																											
				Transportation <input type="checkbox"/>																																											

(This space intentionally left blank)

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 licensure 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 license, 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*

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

Section 402.3131, Florida Statutes, requires Large Family Child 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. This plan shall include the name, address, and telephone number of the designated substitute. Proof of background screening clearance and completion of required training for the designated substitute must be submitted with this application. Any change to the substitute plan that occurs during the home's licensure year must be submitted to licensing within 5 working days of the change. Please provide this information below (attach additional sheets, if necessary):

Name of Substitute:	Telephone Number: ()
Date of Birth:	Number of Hours Substitute Works in the Home Monthly:

Does the substitute work in another family day care home(s)/large family child care home(s)? Yes No
If yes, please list the names of the other family day care home(s)/large family child care home(s).

Address of Substitute:

SECTION 5: EMPLOYEE(S) WORKING IN LARGE FAMILY CHILD CARE HOME

NAME	DATE OF BIRTH	SOCIAL SECURTY NUMBER*	TRAINING COMPLETED (30 HOURS & LITERACY)

SECTION 6: OWNER OF REAL PROPERTY (as the name appears on the deed to the property)

Name (First Middle (Maiden) Last):		Telephone Number (including area code): ()		
Owner's Home Address (street address):	City:	County:	State:	Zip Code:

SECTION 7: ATTESTATION

Has the owner, applicant, or director 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?

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?

Prior to receiving a license, I, the owner/operator, and all known child care personnel and other household members, have submitted background screening information.

Yes No If no, please explain (attach additional sheet(s), if necessary):

**SECTION 8: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)/
ACKNOWLEDGEMENT (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.

Chapter 386.204, Florida Statutes (F.S.), requires while children are in care, smoking is prohibited within the large family child care home and in vehicles when transporting children.

Family Day Care home and Large Family Child Care Home Handbook, Section 8.1, A, requires operators of large family child 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 402.3131(4), F.S., requires operators of large family child 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 402.3131(5), F.S., requires operators of large family child 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.myflfamilies.com/childcare.

Pursuant to s.39.604, F.S., each provider must acknowledge receipt of the reporting requirements and educational stability provisions of the "Rilya Wilson Act". Your signature is on this application indicates acknowledgement of receipt of such information.

Your signature on this application indicates your understanding and compliance with all of the aforementioned statutory requirements.

Operator's Signature: _____

Date: _____

Fill out Section 9(a) OR Section 9(b) as applicable.

SECTION 9(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
Large Family Child 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 9(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
Large Family Child Care Home**

Section 119.07, F.S., and other Florida Statutes require that names, dates of birth, 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.119.071, 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.119.071, 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)

SECTION 10: AFFIDAVIT

In accordance with 402.319(3), F.S., each large family child care home must affirm via a signed affidavit compliance of the provisions of s. 39.201, F.S. By signing below, I _____, Applicant of _____ Large Family Child Care Home, do hereby affirm under penalty of perjury that all child care personnel understand the statutory requirements of a mandated reporter.

Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance the provisions of Chapter 435.04, F.S. By signing below, I _____, Applicant of _____ Large Family Child Care Home, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public, State of Florida
My Commission Expires _____