



Instructions and Resource Page for Application for a License to Operate a Child Care Facility For Mildly Ill Children

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. The owner may be an individual, partnership, association, company or corporation, and the license must be posted in a conspicuous location where the child care program is operating.
- The application must be signed by the individual owner, or prospective owner, or director, or the designated representative of a partnership, association, company, or corporation, and must include submission of background screening documents for the owner/operator, and approved fire and environmental health inspections (if applicable). A child care license 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/director, licensure fee, and approved fire and environmental health inspections. Owners are responsible for notifying the local government entity, HOA, and/or Landlord of their operations and securing all applicable permits and permissions that may be required by their local government entity, HOA, and/or Landlord 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-22.010(2)(c), 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 child care license is issued for the physical address location notated on the completed application.
- The license is issued by the Department to an owner for a single location and is non-transferable between owners and locations. Prior to changing ownership, the new owner must obtain a license to operate. Failure to obtain the license will result in administrative action being taken by the Department.
- Every child facility must hold a valid license 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
CHILD CARE FACILITY FOR MILDLY ILL CHILDREN**

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

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.

| PART 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY) | | | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------------|--|--------------------------------------|--|-------------------------------------|-----------------------------|---|-----------------------------|---------------------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|
| Application Type (Choose <input type="checkbox"/> Initial <input type="checkbox"/> *Renewal Year _____ <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Revision of Existing One): License | | | | | | | | | | | | | | |
| Name of Facility as it is to appear on license: | | | | | Telephone Number (including area code): () | | | | | | | | | |
| | | | | | Alternate Telephone Number: () | | | | | | | | | |
| Street Address of Facility (physical address): | | | City: | | County: | | Zip Code: | | | | | | | |
| Mailing Address of Facility, if different (include city and zip code): | | | | | | | | | | | | | | |
| E-Mail Address: | | | | | Fax Number (including area code): () | | | | | | | | | |
| Is this facility located in or adjacent to the home of the owner/operator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes , all household members must be identified and background screening completed. Please attach a list of family members with their names and dates of birth. | | | Maximum Capacity: | | | | | | | | |
| Days and Hours of Operation – please check AM or PM as applicable: | | | | | | | | | | | | | | |
| | <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"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Opening Time: | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Closing Time: | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Months of Operation: <input type="checkbox"/> School Year Only <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | |
| Program Designations: | | | | | | | | | | | | | | |
| Faith-Based <input type="checkbox"/> Head Start <input type="checkbox"/> Urban Zone <input type="checkbox"/> Public/Non-Public School <input type="checkbox"/> VPK <input type="checkbox"/> School Readiness <input type="checkbox"/> | | | | | | | | | | | | | | |
| 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"/> | | 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"/> | | | | | | |

| PART 2: OWNERSHIP TYPE (CHECK ONE) | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Individual Ownership - Not incorporated | Individual Owner | Complete Sections A, F and G |
| <input type="checkbox"/> Corporation | Corporation Documentation required | Complete Sections B, F and G |
| <input type="checkbox"/> Limited Liability Company (LLC) | LLC Documentation required | Complete Sections C, F and G |
| <input type="checkbox"/> Partnership – Not Incorporated | Partnership Documentation required | Complete Sections D, F and G |
| <input type="checkbox"/> Other Entity – Not Incorporated | e.g. School Board, Local Government Before & After School programs, Parks and Recreation, Faith-Based | Complete Sections E, F and G |

| SECTION A: INDIVIDUAL OWNERSHIP – NOT INCORPORATED (Special Instructions: One owner) | | | |
|--|--|--------------------------|------------------|
| Name (First Middle and or Maiden Last): | | | |
| Date of Birth: | | Social Security Number*: | |
| Home Address: | | City: | State: Zip Code: |
| Telephone Number (including area code): () | | | |

| SECTION B: CORPORATION (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 and FEIN #: | |
| 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 C: LIMITED LIABILITY COMPANY (Special Instructions: Upon initial application for child care licensure, attach **Articles of Organization**, which must include the names, the title/office, address, and telephone number for each member of the Company. 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 Company: | | Corporate and FEIN #: | |
| Address of Company: | | Organized 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 Company Representative: | | Date of Birth: | Social Security Number*: |
| Home Address: | | City: | State: Zip Code: |

SECTION D: PARTNERSHIP – NOT INCORPORATED (Special Instructions: Attach a copy of the Partnership Agreement annually. Attach additional sheets as applicable if more than two partners.)

| | | | |
|--|--|--------------------------|------------------|
| Partner #1 (First Middle (Maiden) Last): | | | |
| Date of Birth: | | Social Security Number*: | |
| Home Address (street address): | | City: | State: Zip Code: |
| Telephone Number (including area code): () | | | |
| Partner #2 (First Middle (Maiden) Last): | | | |
| Date of Birth: | | Social Security Number*: | |
| Home Address (street address): | | City: | State: Zip Code: |
| Telephone Number (including area code): () | | | |

SECTION E: OTHER ENTITY – NOT INCORPORATED (Special Instructions: These are programs operated by School Boards or city/county municipalities, before and after school programs, faith-based programs and other non-incorporated entities.)

| | | | |
|---|--|-------|------------------|
| Name of Entity: | | | |
| Entity's Designated Representative (First Middle and or Maiden Last): | | | |
| Address of Entity (Street Address): | | City: | State: Zip Code: |
| Telephone Number (including area code): () | | | |

SECTION F: ON-SITE DIRECTOR INFORMATION – To be completed by all applicants (Special Instructions: An On-site Director holds a Director Credential, is responsible for the day-to-day operation of the facility and is required to be on-site for the majority of operating hours. A Multi-Site Director holds a Director Credential and supervises multiple before-school and after-school programs for a single organization as follows: (a) Three sites regardless of the number of children enrolled or (b) More than three sites if the combined number of children does not exceed 350.)

| | | | |
|---|--|--------|-----------|
| Name: (First, Middle and/or Maiden, Last) | | | |
| Date of Birth: | Social Security Number*: | | |
| Home Address: | City: | State: | Zip Code: |
| Cell Phone Number (including area code): () | If applicable, name of Multi-Site Programs and enrollment: | | |

SECTION G: HEALTH CONSULTANT INFORMATION

| | | | |
|--|-------|--------|-----------|
| Name (First Middle and or Maiden Last): | | | |
| Address: | City: | State: | Zip Code: |
| Telephone Number (including area code): () | | | |

PART 3: ATTESTATION (To be completed by all applicants)

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)

I hereby attest that the information contained in this section is truthful and correct ~~under penalty of perjury.~~ _____
Initial

Note: Section 837.06.F.S. states "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083."

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?

Pursuant to section 402.3054, F.S., child enrichment service providers shall be of good moral character based upon screening, using level 2 standards in Chapter 435, F.S. If this facility utilizes a child enrichment service provider, it is the responsibility of the director to ensure that the child enrichment service provider is screened accordingly and parents/guardians provide written consent before a child may participate in activities conducted by the child enrichment service provider.

The Health Insurance Portability and Accountability Act (HIPAA) requires that 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.

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 _____ Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

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

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 on this application indicates acknowledgement of receipt of such information.

Falsification of application information is grounds for denial or revocation of the license to operate a child care facility. Your signature on this application indicates your understanding and compliance with this law.

Signature of Owner or Organization’s Designated Representative

Date

Person completing application if other than Owner or Organization’s Designated Representative.

| |
|--|
| Name: (Please Print) |
| Title/Position/Relationship to the Owner: |
| Telephone number including area code: () |

Do Not Write Below this Line – Official Use Only

| | | | | |
|--------------------|---------|---------------|---------------------------------|--------------------------------------|
| Date Fee Received: | Amount: | Check Number: | Received by Signature/Initials: | Date Fee Forwarded to Fiscal Office: |
|--------------------|---------|---------------|---------------------------------|--------------------------------------|

| | | | |
|--|-----------------|----------------------------------|---|
| 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 |
|--|-----------------|----------------------------------|---|