



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
Governor

**Shevaun L. Harris**  
Secretary

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**Child Care Licensure Questionnaire**

**In order to assess the need for your program to be licensed as a “Child Care Facility,” as required under S. 402.302(1), Florida Statutes, please complete all questions below. This questionnaire is not an application for a license to operate a child care program. The information provided in this questionnaire will be reviewed by the Department and the Office of Child Care Regulation will notify you of a determination.**

**INSTRUCTIONS FOR COMPLETION**

1. Please type or print neatly.
2. If you operate programs that are identical at multiple sites, complete one questionnaire and attach a list of all site addresses.
3. If you operate several different program types, complete a separate questionnaire for each one.
4. Fill out all sections. If a section does not apply to your program, enter N/A.
5. Do not use acronyms or abbreviations.
6. Be sure to submit all additional documents as required. Failure to do so may delay the determination process.
7. Do not submit double sided documents.
8. Do not staple documents.

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person knowingly to: (a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment or licensure regulated under ss. 402.26 - 402.319 all information required under those sections or a material fact used in making a determination as to such person’s qualifications to be child care personnel, as defined in s. 402.302, in a child care facility, family day care home, or other child care program. (b) Operate or attempt to operate a child care facility without having procured a license as required by this act.

**OPERATIONAL INFORMATION**

1. Is the program currently licensed or certified by any other agency, entity, or does it hold a religious exemption from licensure? If so, provide a copy of the current license or accreditation certificate. See s. 402.316, Florida Statutes.

Yes (copy attached)  No

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

Public School  Individual owner  
 Non-public School  Partnership – not incorporated  
 Corporation or LLC  Church  
 Other (please provide specifics)

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

c. Is the operator affiliated with a national membership non-profit organization that was created for the purpose of providing youth service and youth development and holds membership in good standing that is certified by its national affiliate as complying with the organization’s purpose, procedures, minimum standards, and mandatory requirements? If yes, please attach a copy of the program’s certification of good standing.

Yes (copy attached)  No

3. Where is the program operated?

Public School Name of School \_\_\_\_\_  
 Non-public school Name of School \_\_\_\_\_  
 Church Name of Church \_\_\_\_\_  
 Stand-alone building  
 Building connected to other operations (strip mall, etc.)  
 My home  
 Other (please provide specifics) \_\_\_\_\_

4. If the program is operated by a school and is located on that school's grounds, do you serve children only from that school or also from surrounding schools?

Only children regularly attending that school attend the program

Both children regularly attending that school and children from surrounding schools attend the program

5. Is the program located on the grounds of a school but is operated by an entity other than the school?

Yes

No

a. Do you have a written/formal agreement with the school/school district to provide the program (on behalf of the school) wherein the school/school district is named as the responsible party for the operation of the program? If so, please attach a copy.

Yes

No

6. How is the program funded? Check all that apply.

Fee or tuition paid by parent

Annual Membership Fee

Grant (s)      Source(s) of grant \_\_\_\_\_

School Readiness

Other (please provide specifics) \_\_\_\_\_

#### PROGRAM DESCRIPTION

7. What kind of program is being operated?

Before school

Afterschool

Birth – 3 years

Pre –K (3 and/or 4 year olds)

Pre-K wraparound/extended day

Day camp on out-of-school days

Summer camp

Indoor Recreation Center

Drop-In Care

Other (please specify) \_\_\_\_\_

8. When does the program operate?

\_\_\_\_\_ School Year Only

Mon	Tue	Wed	Thu	Fri	Sat	Sun

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Summer Only

Mon	Tue	Wed	Thu	Fri	Sat	Sun

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Year Round

Mon	Tue	Wed	Thu	Fri	Sat	Sun

\_\_\_\_\_ to \_\_\_\_\_

9. Number of hours per day children attend:

\_\_\_\_\_ Less than 1 hour

\_\_\_\_\_ 1-2 hours

\_\_\_\_\_ 2-4 hours

\_\_\_\_\_ More than 4 hours

10. Indicate the **number** of children in each age group attending the program:

\_\_\_\_\_ Birth – 3 years

\_\_\_\_\_ 3 – 4 years (pre- kindergarten)

\_\_\_\_\_ VPK only

\_\_\_\_\_ Kindergarten – 5<sup>th</sup> grade

\_\_\_\_\_ 6<sup>th</sup> grade and up

\_\_\_\_\_ Other (provide specifics) \_\_\_\_\_

11. What types of activities does your program provide? Check all that apply:

\_\_\_\_\_ Arts/Crafts

\_\_\_\_\_ Games

\_\_\_\_\_ Homework assistance

\_\_\_\_\_ Music

\_\_\_\_\_ Outdoor Recreation/Play

\_\_\_\_\_ Personal Enrichment/Character Development

\_\_\_\_\_ Computer Lab

\_\_\_\_\_ Field Trips

\_\_\_\_\_ Other (please provide specifics) \_\_\_\_\_

12. Does the program have a single instructional/tutorial purpose and is that purpose the only service provided? If yes, please provide additional information below.

Yes  No

a. What skill(s) is the instruction focused on? \_\_\_\_\_

b. How long is a session time? \_\_\_\_\_

c. How many sessions can a child have in one day? \_\_\_\_\_

13. Does the program provide transportation directly or through a contract or agreement with an outside entity?

Yes  No

14. What type of transportation arrangements are utilized for the field trips, if applicable?

Do not go on field trips

Parents transport children

Use our own vehicles

Hire or contract for transportation

15. What type of food service is offered?

No food or snacks provided

Vending Machines available for children to purchase snacks

Pre-packaged individual snacks and drinks only

Participate in USDA Afterschool Meal Program

Food/snacks are prepared (includes any heating/mixing foods and/or serving/storing food that requires refrigeration)

**ATTENDANCE POLICY**

15. Does the program assume responsibility for the supervision of the children?

Yes  No

16. Do the same children attend the program on a regular basis?

Yes  No

17. Do parents remain on the premises with the children at all times?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

18. Are children permitted to enter and leave the program at any time without permission, prior arrangement, or adult supervision? If yes, please attach a copy of the policy that informs parents of this arrangement.

\_\_\_\_\_ Yes (copy attached)      \_\_\_\_\_ No

19. Are parents/legal guardians required to sign children in and out of the program?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Provide a brief description of the program and attach brochures, advertisements, parent information sheets or other information.**

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**Person completing questionnaire:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return the completed questionnaire to:**  
**[HQW.Child.Care.Licensing@myflfamilies.com](mailto:HQW.Child.Care.Licensing@myflfamilies.com)**  
**Department of Children and Families**  
**Office of Child Care Regulation**  
**2415 N. Monroe St., Suite 400**  
**Tallahassee, Florida 32303**  
**(850) 488-4900**