Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION
Child Care Licensing and Enforcement

APPLICATION FOR A LICENSE TO OPERATE A FAMILY CHILD CARE HOME (FCCH) OR A LARGE FAMILY CHILD CARE HOME (Large FCCH):

☐ **FCCH** ☐**Large FCCH**

PLEASE TYPE OR PRINT LEGIBLY USING BLUE OR BLACK INK

DATE OF APPLICATION: _____

Instructions: All information on this Application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. An incomplete Application will not be accepted. Please contact Child Care Licensing and Enforcement ("CCLE") if there are any questions relating to this Application.

***FOR LICENSE RENEWAL ONLY:** Renewal of a license is contingent upon the payment of any administrative fines previously imposed for any notice of violation(s) issued to a FCCH or Large FCCH under the license that was either not contested or was upheld on appeal following the conclusion of all available legal remedies. If, at the time of submission of this Application for license renewal, there is a pending administrative hearing, or other appellate action, relating to the imposition of an administrative fine, it shall not affect the renewal of the license.

SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Application type: ☐ Initial ☐ *Renewal ☐ Revision of Existing License ☐ Change of resident/personnel

Name (First, Middle and/or Maiden, Last):	Telephone Number (including area code): Alternate Telephone Number:
Address (physical address – not a P.O. Box):	
Mailing Address, if different (include City and zip code):	
Official E-Mail Address:	

License #:	Licensed Capacity:	Fax Number (including area code):

Days and Hours of Operation – please check AM or PM as applicable:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐ 23-hour care	☐AM	☐AM	☐AM	☐AM	☐AM	☐AM	☐AM
Opening Time: _____	☐PM	☐PM	☐PM	☐PM	☐PM	☐PM	☐PM
	☐ AM	☐AM	☐AM	☐AM	☐AM	☐AM	☐AM
Closing Time: _____	☐PM	☐PM	☐PM	☐PM	☐PM	☐PM	☐PM

Ages in care: ☐ Infants 0-1 ☐ Age 1 ☐ Age 2 ☐ Age 3 ☐ Age 4 ☐ Age 5 ☐ Ages 5 and up

Months of Operation: ☐ School Year Only ☐ 12 months ☐ Other _____

Check all service options that apply:

☐ Full Day ☐ Half Day ☐ Drop-In ☐ Night Care ☐ Before School ☐ Swimming Pool on site

☐ After School ☐ Weekend ☐ Infant Care (0-1) ☐ Food Served ☐ Transportation

Revised 01/20/2026

SECTION 2: CORPORATION, if applicable (**Special Instructions:** For an **INITIAL** Application for a license to operate a FCCH or a Large FCCH, attach **Articles of Incorporation**, which must include the names, 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. For a **RENEWAL** Application, attach a current copy of Certificate of Status/Certificate of Authorization from the Florida Department of State available through SunBiz.org.)

Name of Corporation:			
Address of Corporation:	Corporation #:		
	If incorporated out of state, is the corporation registered in the State of Florida? ☐ Yes ☐ No, If no, please register prior to submitting the Application.		
City:	State:	Zip Code:	Telephone Number: ( )
Designated Corporate Representative:			

SECTION 3: OTHER *RESIDENTS – I understand that as requirement for licensure, CCLE has the right to conduct background screening on myself and other family members, which includes, but is not limited to, employment history checks, a criminal records check, and a Central Abuse Hotline Records Search. Use as many lines as needed and attach additional sheets if necessary. ***Individuals at this address including boarders are considered Residents.***

NAME	RELATIONSHIP	DATE OF BIRTH

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

Section 402.313(13), Florida Statutes, requires FCCH and Large FCCH operators to provide proof of a written plan for at least one other competent adult to be available to substitute for the operator in the case of 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 plan regarding the designated substitute(s) that occurs during the FCCH's, or Large FCCH's licensure year must be submitted to CCLE for approval within 5 working days of the change. Provide the required information below (attach additional sheets, if necessary for additional designated substitutes):

Name of Designated Substitute:	Telephone Number:
Number of Hours Designated Substitute Works in the Home Monthly:	
Does the Designated Substitute work in another FCCH(s)/Large FCCH(s)? ☐ Yes ☐No If Yes, list the names of the other FCCH(s)/Large FCCH(s).	
Address of Designated Substitute:	

SECTION 5: OWNER OF REAL PROPERTY (as the name appears on the deed to the property)

Name (First, Middle and/or Maiden, Last):	Telephone Number:
Owner's Home Address:	

SECTION 6: EMPLOYEE(S) WORKING IN LARGE FCCH		
NAME	DATE OF BIRTH	TRAINING COMPLETED (30 HOURS and LITERACY)

SECTION 7: ATTESTATION

Has the owner, applicant, or operator ever had a family child care home or child care facility license, or registration 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 under Section 2 of this Application as an owner ever held a license (child care, foster care, or 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 family child care home personnel and other household residents, have submitted background screening information.

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

_____

- Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), personally identifiable health/medical information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public, and to otherwise ensure the privacy of such information. The applicant's signature on this Application indicates that the applicant agrees to comply with the requirements of HIPAA by protecting the confidentiality of employee's and children's health/medical records in its possession.

- In accordance with section 402.319(3), F.S., each family day care home must annually submit an affidavit of compliance with the provisions of section 39.201, F.S., regarding the requirements of a mandated reporter. By signing below, I, _____, Applicant of _____ Family Day Care Home, do hereby affirm compliance with section 39.201, F.S.

  Pursuant to section 435.05(3), F.S., each employer must attest via signed attestation compliance with the provisions of Chapter 435, F.S., regarding the statutory requirements for background screening. By signing below, I, _____, Applicant of _____ Family Day Care Home, do hereby attest under penalty of perjury that I am in compliance with the provisions of Chapter 435, F.S.

- 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 any information in this application is grounds for denial or revocation of the license to operate a Family Child Care Home. Your signature on this application indicates your understanding and compliance with this law.

Under penalty of perjury, I hereby attest that, to the best of my knowledge and belief, the information contained in this application is truthful and correct. This application maybe withdrawn at any time the applicant so desires.

_____ _____

Signature of Owner or Designee Date

Do Not Write Below This Line – Official Use Only

CUSTOMER SERVICE REPRESENTATIVE				
Date Application Received:	Date Fee Received:	Amount of Fee:	Check Number:	Received by:
Notes:				
Sexual Offender Address Cross- Reference: (http://offender.fdle.state.fl.us)	Date of Search:	Exact Address Match: ☐ Yes ☐ No	Conducted by:	
Notes:				

CHILD CARE LICENSING SPECIALIST		
Application Complete: ☐ Yes ☐ No	Date of Review:	Reviewed By:
Notes:		

CHILD CARE LICENSING SUPERVISOR	
Supervisory Approval Signature:	Date Approved:
Notes:	

Broward County Child Care Licensing and Enforcement
Staff Roster and Credential Information

Name of Child Care Provider: _____ **License #** _____ **Date:** _____

Please list all child care personnel by full legal name and current position. If a staff person has a Credential issued by the Florida Department of Children and Family (DCF), place an **X** in the appropriate column and document the expiration or issue date of the Credential, as noted below, that is documented on DCF training transcript. This Staff Roster and Credential Information is part of the New and Renewal Child Care Licensing Applications and must be completed and submitted to Broward County Child Care Licensing and Enforcement at the time of submittal of the application. Please type or print legibly and attach additional sheets if necessary.

Name (Include full legal name)	Current Position	Director Credential		National Child Development Associate CDA (NECC)		Birth through Five Child Care Professional Credential (FCCPC)		School-Age Child Care Credential		Formal Education Qualification	High School Diploma or GED
		Active	Expiration date	Active	Expiration date	Active	Expiration date	Active	Expiration date	Issue Date	Issue Date