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

APPLICATION FOR REGISTRATION AS A SUBSTANTIAL COMPLIANCE CHILD CARE FACILITY

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. An incomplete application will not be accepted. Please contact Child Care Licensing and Enforcement ("CCLE") if there are any questions relating to this application.

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

Application type: ☐ Initial ☐ *Renewal ☐ Revision of Existing Registration, list changes: _____
☐ Change of Location ☐ Change of Director/Operator (complete sections 1, 5, and 6)

Name of Child Care Facility, as it is to appear on the registration:	Telephone Number: Alternate Telephone Number:
Address of Child Care Facility (include City and zip code):	
Mailing Address of Child Care Facility, if different (include City and zip code):	
Official Facility E-mail Address:	

Registration Number:	Capacity:	Fax Number:
Name of Accrediting Agency:		Accreditation Expiration Date:

SECTION 2: PROGRAM INFORMATION

Days and Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time:							
Closing Time:							

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 ☐ After School ☐ Before School

☐ Weekend Care ☐Infant Care ☐ Food Served ☐ Summer Care

Swimming pool on site: ☐ Yes ☐ No

Transportation provided by Child Care Facility? ☐ Yes ☐ No

Transportation provided by Leasing Company? ☐ Yes ☐ No Name of Leasing Company: _____

SECTION 3: REAL PROPERTY INFORMATION	
Owner of Real Property on which the Child Care Facility is located:	Telephone Number:
Property Owner's mailing address:	

SECTION 4: OWNERSHIP TYPE (Check one box only)		
☐ Corporation or Limited Liability Company	Provide Corporation/LLC Documentation	Complete Section 4A **ONLY**
☐ Individual Ownership/Partnership – Not Incorporated	Provide Partnership Documentation	Complete Section 4B **ONLY**
☐ Other Entity – Not Incorporated	e.g. Local Government, Parks and Recreation, or Faith Based	Complete Section 4C **ONLY**

SECTION 4A: CORPORATION or LIMITED LIABILITY COMPANY			
Name of Corporation/Company:			SunBiz Document Number:
Address of Corporation/Company:		Incorporated/Organized in which US State:	
		If out of state, is the corporation/company registered in the State of Florida? ☐ Yes ☐ No, If no, please register prior to submitting the application.	
Designated Representative:			
Board Member Information – attach additional pages if necessary			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: ☐YES ☐NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	
Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: ☐ YES ☐ NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	
Board Member Information			
First and Last Name:		Title:	
Street Address:	State:	Zip:	County:
Background Screened: ☐YES ☐NO	Clearinghouse Eligibility Date:	Percentage of Ownership of Child Care Facility:	

SECTION 4B: INDIVIDUAL OWNERSHIP OR PARTNERSHIP – NOT INCORPORATED. If a Partnership, attach copy ofPartnership Agreement, and complete below for each owner. Attach additional sheets if more than two (2) partners.	
Individual Owner or Partner #1 Name:	
Home Address:	
Telephone Number:	Date of Birth:
Partner #2 Name, if applicable:	
Home Address:	
Telephone Number:	Date of Birth:
SECTION 4C: OTHER ENTITY – NOT INCORPORATED	
Name of Entity:	
Entity's Designated Representative (First and Last Name):	
Address of Entity:	
Telephone Number:	

SECTION 5: ON-SITE OPERATOR INFORMATION – To be completed by all applicants:	
First and Last Name:	
Home Address:	
Telephone Number:	Date of Birth:

Have you ever used or been known by any other name? If so, please state in full each name used or by which you have at any time been known and the reasons for each name, i.e. maiden name.

_____

_____

SECTION 6: ATTESTATION (To be completed by all applicants)

Have you or anyone identified on this application as an owner under Section 4 ever held a license or registration (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?

_____

_____

SECTION 6: ATTESTATION (Continued)

Has the owner, applicant, or director ever had a child care facility or family child care home license, permit, 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)

_____

_____

- Pursuant to Section 402.3054, F.S., child enrichment service providers shall be of good moral character based upon screening, using level 2 standards set forth in Chapter 435, F.S. If a child enrichment service provider is utilized, the director of the child care facility must ensure that the child enrichment service provider is screened accordingly, and written consent is obtained from parents/guardians prior to a child participating 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/medical records in your possession.

- In accordance with s. 402.319(3), F.S., each child care facility must annually submit an affidavit of compliance with the provisions of s. 39.201, F.S., regarding the requirements of a mandated reporter. By signing below, I, _____, applicant of _____ Child Care Facility, do hereby affirm that all child care personnel are in compliance with s. 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 _____Child Care Facility, do hereby affirm that all child care personnel meet the statutory requirements for background screening.

- Falsification of any information in this application is grounds for denial or revocation of the license or registration to operate a child care facility. 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 may be 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: _____ **Registration #** _____ **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

Public Works and Environmental Services Department
CONSUMER PROTECTION DIVISION / CHILD CARE LICENSING & ENFORCEMENT
One North University Drive, Plantation, Florida 33324 • 954-357-4800

RELIGIOUS EXEMPTION FROM LICENSURE ANNUAL STATEMENT

_____ _____
Name of Child Care Facility/Program (Please type or print clearly) Phone Number

located at _____
Facility's/Program's Physical Address

_____
Mailing Address (if different from above)

is an integral part of _____
Name of Church/School

"a 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.

Attached is a copy of our current accreditation or membership certificate from a recognized accrediting organization whereby we meet their published standards for health, safety and sanitation.

Additionally, we are aware of our facility's statutory responsibilities to meet the following requirements:

- Minimum requirements of the applicable local governing body as to health, sanitation, and safety (s. 402.316(1), Florida Statutes).
- Background screening requirements (ss. 402.305, 402-3055, 435.04, 435.05, and 435.06 Florida Statutes).

We understand that failure on the part of our facility to comply with the background screening requirements shall result in the loss of the facility's exemption from licensure (s. 402.316(1), Florida Statutes).

I _____ do hereby affirm under penalty of perjury that all child care personnel meet the statutory requirements for background screening pursuant to s. 435.05(3), Florida Statutes.

_____ _____
Authorized Signature Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____

_____ _____
Notary Public, State of Florida (Print, Type or Stamp Commissioned Name of Notary Public)

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____