



**CHILD CARE FACILITIES BOARD
 FLORIDA DEPARTMENT OF HEALTH PALM BEACH COUNTY
 800 Clematis Street, 4th Floor, West Palm Beach, FL 33401
 APPLICATION TO OPERATE A FAMILY DAY CARE HOME**

FOR OFFICE USE ONLY Offender Search Completed
Date: _____
By: _____
Result: Exact address match? Yes or No (circle one)

PLEASE TYPE OR PRINT LEGIBLY

Instructions: All information on this application must be truthful and correct. This four-page application must be completed in its entirety. Incomplete applications will not be accepted. Please contact Palm Beach County Health Department, Childcare Licensing Office if there are any questions relating to completing this application.

New Revision of Existing License

I. FAMILY DAY CARE HOME INFORMATION (This section must be completed in its entirety)

Last Name of Operator		First Name, Middle Initial of Operator		Telephone Number ()	
Street Address of Facility (do not enter P.O. Box)			City		Zip Code
Mailing address of Facility, if different			Email address		
<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Night Care	<input type="checkbox"/> Transportation		
<input type="checkbox"/> Half Day	<input type="checkbox"/> After School	<input type="checkbox"/> Weekend Care	<input type="checkbox"/> Food Served	<input type="checkbox"/> Infant Care (0-1 yr)	<input type="checkbox"/> Infant Care (1-2yr)
Hours of Operation: From: _____ To: _____ Days of week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					
Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Accrediting Association:			

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

NAME OF HOUSEHOLD AND FAMILY MEMBERS RESIDING IN THE FAMILY DAY CARE HOME

	Name (first, middle(maiden), last)	Sex	Date of Birth
1			
2			
3			
4			
5			
6			
7			

II. OWNERSHIP (Complete this section only if you have a fictitious name or corporation)

FICTITIOUS NAME: _____

Attach a copy of the Department of State's fictitious name registration, and, if applicable, complete the Corporation section below:

CORPORATION (IF APPLICABLE)

Name: _____

Address (P.O. Box or Street Address)	City	State	Zip Code	Telephone Number ()
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Corporate# _____
 Incorporated in which state? _____
 If out of state, is the corporation registered with the Florida Secretary of State? Yes No
 All corporations must include a current Certificate of Status (domestic corporations), or a current Certificate of Authorization (foreign corporation) with this application. Failure by any corporation to comply with all requirements under Chapter 607, Florida Statutes, is grounds for revocation of this license.

Attach a list of Director's names, title/office, address, and telephone number. Also attach the street address of the corporation's registered office, and the name and telephone number of the corporation's registered agent. Failure to continuously maintain a registered office and/or a registered agent in Florida is grounds for revocation of this license.

Has the facility owner, applicant, operator or substitute ever had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of a disciplinary action or had been fined while operating a child care facility or family day care home or employed in a child care facility?

Yes No *If Yes, please explain:* _____

[Attach additional sheet(s) if necessary]

Prior to receiving a license, I, the owner, the substitute and all adult household members, have submitted all required background screening information? Yes No *If No, please explain.* _____

[Attach additional sheet(s) if necessary]

III. OWNER OF REAL PROPERTY

Legal Name: First	Middle (Maiden)	Last	Telephone Number ()
Address (P.O. Box or Street Address)	City	State	Zip Code

FAMILY DAY CARE HOME SUBSTITUTE PLAN

Family Day Care Home providers must provide proof of a written plan to provide 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 a designated substitute. Please provide this information below:

1. Substitute Name: _____ Telephone Number: (____) _____
Substitutes Address _____

2. Substitute Name: _____ Telephone Number: (____) _____
Substitutes Address _____

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 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 Chapter 386, Florida Statutes, while children are in care, smoking is prohibited within the family day care home and all outdoor play areas. Your signature on this application indicates your understanding and compliance with this law.

Falsification of application information is grounds for denial or revocation of the license to operate a family day care facility. Under penalty of perjury I hereby attest that the information contained in this application is truthful and correct.

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

This application may be withdrawn at any time the applicant so desires. _____ DATE: _____
APPLICANT'S SIGNATURE

THIS APPLICATION CANNOT BE PROCESSED AND/OR LICENSE ISSUED UNTIL THE FOLLOWING AGENCIES HAVE GIVEN APPROVAL:

Building Department: _____ (Print Name) _____ (Signature) Date: _____

Comments: _____

Fire Department: _____ (Print Name) _____ (Signature) Date: _____

Comments: _____

CHILD CARE ADVISORY COUNCIL: _____ Date: _____

You must complete Section 4 of this application, EITHER the Release of Information (Non-Confidential) form on page 3, Section IV(a) OR the, Confirmation of Statutory Confidential Status form on page 4, Section IV(b), whichever is applicable.

Release of Information Licensed Family Day Care Home (Non-confidential)

The Department of Children and Families has developed the Statewide Child Care Licensing Information System. All child care arrangements licensed by the Palm Beach County 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 in the list of available providers when information is requested.

Each provider may request the address of the family day care home be included on the website by completing the following information:

- I attest that I am the operator of a licensed family day care home and understand **only my telephone number** will appear on the child care licensing website.
- I attest that I am the operator of a licensed family day care home and request the **address** of my home be included on the child care licensing website along with my telephone number.

Signature of provider

Date

Name of Home (please print)

Address

Please complete the other side of this form if you meet the requirements of the public record exemption statutes.

DO NOT COMPLETE BOTH SIDES

IV(b): CONFIRMATION OF STATUTORY CONFIDENTIAL STATUS FORM.

Complete this section ONLY if you meet the requirements of the public record exemption statutes. If you do not meet the requirements of the public record exemption statutes, you must complete Section 4(a) on the other side of this form.

Confirmation of Statutory Confidential Status Licensed Family Day Care Home

Section 119.071(4), F.S., and other Florida Statutes require that names, 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.119.07, F.S., or other Florida Statutes, and **do not** want my family day 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.119.07, F.S., or other Florida Statutes. However, I **do want** my family day care home demographic information displayed on the child care licensing website.

Please include the following (check **only** one):

- Telephone number only
- OR**
- Both the address and telephone number

Signature of provider

Date

Name of Home (please print)

Address

Please complete the other side of this form if you **do not** meet the requirements of the public record exemption statutes.

DO NOT COMPLETE BOTH SIDES