APPLICATION TO OPERATE A FAMILY DAY CARE HOME

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.

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

<table>
<thead>
<tr>
<th>Last Name of Operator</th>
<th>First Name, Middle Initial of Operator</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

Street Address of Facility (do not enter P.O. Box) | City | Zip Code |

Mailing address of Facility, if different | Email address |

Full Day | Before School | Night Care | Transportation |

Half Day | After School | Weekend Care | Food Served | Infant Care (0-1 yr) | Infant Care (1-2yr) |

Hours of Operation: From: _______ To: ________ | Days of week: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

Accredited? Yes | No | Name of Accrediting Association:

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 |

Corporate: Incorporated in which state? | Yes | No |

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

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>First</th>
<th>Middle (Maiden)</th>
<th>Last</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (P.O. Box or Street Address)</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

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: (____) ______________
   Substitute Address

2. Substitute Name: ________________________________ Telephone Number: (____) ______________
   Substitute 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: ________________________________ Date: ________________
(Print Name) (Signature)
Comments: __________________________________________

Fire Department: ________________________________ Date: ________________
(Print Name) (Signature)
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:

<table>
<thead>
<tr>
<th>Law Enforcement officers</th>
<th>Investigators of Abuse and Neglect</th>
<th>Firefighters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justices of the Court</td>
<td>Child Support Enforcement staff</td>
<td>State Attorneys</td>
</tr>
<tr>
<td>Foster parents</td>
<td>Employees involved in Revenue Collection</td>
<td>State Prosecutors</td>
</tr>
<tr>
<td>County/Municipal Code Enforcement officers</td>
<td>Investigators/Inspectors of DBPR</td>
<td>Public Defenders</td>
</tr>
<tr>
<td>Human Resources employees</td>
<td>Juvenile Justice Employees</td>
<td>Guardians ad litem</td>
</tr>
</tbody>
</table>

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

<table>
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<td></td>
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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**