

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

Child Care Licensure Questionnaire

In order to assess the need for your program to be licensed as a “Child Care Facility,” as required under Article IV (A)(1) of Palm Beach County Rules and Regulations Governing Child Care Facilities, please answer these questions. This questionnaire will be reviewed by the Department and you will be contacted by the Child Care Licensing office as soon as possible. (Attach additional sheets as necessary)

Program Name: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address if different: _____ City: _____ Zip: _____

Contact Person: _____ Telephone: () _____

Email: _____ Cell Phone: () _____

Number of Children Enrolled/Attending _____ Hours of Operation: _____

1. Is the program currently licensed or certified by any other agency or entity, or has an exemption from licensure? If so, attach a copy of the current license or exemption letter.

_____ Yes (see attached) _____ No

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

_____ Public school _____ Nonpublic school _____ Corporation or LLC

_____ Individual owner _____ Partnership- Not Incorporated

3. Where is the program operated?

_____ Public school _____ Nonpublic school _____ 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 school(s) attend the program

5. If the program is operated by someone other than the school, but is located on school grounds, do you have a written/formal agreement with the school district to provide the program on behalf of the school?

_____ Yes _____ No (If Yes, attach copy of written/formal agreement?)

6. Do parents remain on the premises with the children at all times? _____ Yes _____ No

7. What types of activities does your program provide?

_____ Academic Instruction _____ Instructional (i.e. ballet, karate)
_____ Arts/Crafts _____ Tutoring in a Specific Area/Subject
_____ Personal Enrichment/Character Development
_____ Outdoor Recreation/Play _____ Homework Assistance _____ Snacks
_____ Computer Lab _____ Games/Movies _____ Music _____ Field Trips
_____ Other (please provide specifics) _____

8. How is the program funded? Do the children or parents pay any fees, donations, dues, tuition?

_____ Grant _____ Receipt of fee or tuition _____ Annual Membership Fee
_____ Other (provide specifics) _____

9. The number and ages of children attending the program: Total _____
_____ Birth – 5 yrs (Before Kindergarten) _____ Kindergarten-5th Grade

_____ 6th Grade & up _____ Other (provide specifics) _____

10. When does the program operate?

_____ School-Year (9- 10 months) _____ Year-round (12 months – School-Year and Summer)
_____ Summer ONLY (2-3 Months)

11. What is the attendance policy?

12. Are the participants permitted to come and go at will (without parent signature or approval)?

_____ Yes _____ No. Provide explanation if necessary:

13. Are parent/legal guardians required to sign children out of program?

_____ Yes _____ No Provide explanation if necessary

14. What type of food service is offered?

- Food/Snacks are prepared (which includes any heating/mixing foods and /or serving/storing food that requires refrigeration)
- Pre-packaged individual snacks & drinks only
- Vending machines available for children to purchase snacks
- No food/snacks provided
- Participate in the USDA Afterschool Meal Program

15. How many hours per day are the children present?

- Less than 1 hour 1 – 2 hrs
- 2-4 hrs more than 4 hours

16. Typical Days and Hours of Operation:

Days	Regular Hours	Extended Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

17. What type / form 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

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

Person completing survey:

Print name _____

Signature: _____ Date: _____

Please return the completed questionnaire within 5 business days to the address below:

Florida Department of Health –Palm Beach County
Child Care Licensing Program
800 Clematis Street, 4th Floor
West Palm Beach, FL 33401