

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, Ph.D
Surgeon General

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

TO: Child Care Facility Operator

SUBJECT: Renewal of Child Care Facility license

Pursuant to Chapter 2010-249, Laws of Florida, you require a valid license to operate a Child Care Facility.

Enclosed is a blank renewal application form. Please read carefully and complete all required documents. Make any necessary corrections by drawing a single line through the incorrect information and writing in the new information. Do not use an eraser or correction fluid on the form.

Submit Renewal Application with Supporting Documents

- Electronically:
 - E-mail: Childcarelicensing@flhealth.gov
 - fax: (561) 837-5084 Attn: Licensing

*Please note that the signature cannot be electronically generated “e-sign” but must be an actual handwritten signature. (We suggest printing the application to sign)
- Mail/Hand Deliver to:
FDOH Child Care 4th Floor
Attention: Licensing
800 Clematis Street
West Palm Beach, FL 33041

Pay Renewal Invoice

- Online: <https://www.myfloridaehpermit.com>
 - An extra fee may apply through this service.
 - The system will then mark the license as “Pending”
 - Child Care licenses cannot be printed through this portal and will continue to be issued by our Licensing team when all renewal requirements have been fulfilled.
- Via Telephone: 561-837-5903
- Check: Florida Department of Health Palm Beach County

If you have any question, please submit any questions to ChildCarelicensing@flhealth.gov or call 561-837-8942

Renewals must be received no later than November 1st or a fine may be issued for late submission.

RENEWAL PACKET

For your convenience, a checklist is provided. Review carefully. Complete and submit documentation as instructed. Red ♦ highlight areas requiring signature. Green ◆ highlight areas where ONLY one line must be signed.

FEES:

The invoice for the license fee will be issued to the e-mail on record. You must pay this fee before a license can be issued.

FACILITY RECORDS

Please **keep a copy** of all documents submitted for your license renewal. You are required to maintain complete personnel and operational records at your Child Care Facility

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CHILD CARE FACILITY RENEWAL APPLICATION CHECKLIST

✓	Application Documents
	Completed and notarized application form. You must complete ALL applicable sections.
	Completed application supplement form.
	Release of Information/Confirmation of Statutory Confidential status
	Proof of registration of corporation or fictitious name.
	Completed Transportation Survey- If transportation is not provided please check the corresponding box, sign and date.
	Vehicle Inspection (if transporting children) conducted by ASE Certified mechanic.
	Child Care Facility/Current Personnel List Affidavit (needs to be notarized.)
	Personnel Demographic Form. This form must be submitted to the Department of Health. <i>(One copy of the form is enclosed: Make copies as needed).</i> Please provide the full social security number as this is required to verify background screening.

✓	Owner/Operator Documents
	Copy of Background Screening Eligibility from DCF Clearinghouse
	Completed Affidavit of Good Moral Character completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	Completed Central Abuse Hotline Record Search form for operator, employee, and substitute if not a household member. <i>(Make copies as needed).</i>
	Completed Abuse & Neglect Mandated Reporter Form for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	LARGE FAMILY CHILD CARE HOME ONLY: DCF Transcript with Staff Credential

✓	Director Documents
	Copy of Background Screening Eligibility from DCF Clearinghouse
	Completed Affidavit of Good Moral Character completed for owner, household members 18 years of age and older, employees, and substitute(s). <i>(Only one copy of this form is enclosed, so please make copies as needed.)</i> Please make sure all blank spaces are filled in with the name of your family child care home. (needs to be notarized.)
	Completed Central Abuse Hotline Record Search form for operator, employee, and substitute if not a household member. <i>(Make copies as needed).</i>
	Completed Abuse & Neglect Mandated Reporter Form for the operator, and each employee, and substitute. <i>(One copy of the form is enclosed: Make copies as needed).</i>
	Statement attesting to the number of hours that the substitute works in the family day care (needs to be notarized.)

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