



PALM BEACH COUNTY CHILD CARE FACILITIES BOARD
FLORIDA DEPARTMENT OF HEALTH - PALM BEACH
COUNTY 800 Clematis Street, West Palm Beach, FL 33401

APPLICATION TO OPERATE A CHILD CARE FACILITY

PLEASE TYPE OR PRINT LEGIBLY

Instructions: All information on this application must be truthful and correct. This three-page application must be completed in its entirety. Incomplete applications will not be accepted. Please contact this office if there are any questions relating to completing this application.

Choose Type of Facility		Choose Type of Request	
<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Drop-In Child Care Facility	<input type="checkbox"/> New Facility	
<input type="checkbox"/> Certificate of Compliance Facility	<input type="checkbox"/> School Age Child Care Facility	<input type="checkbox"/> Change in Capacity/Use	
<input type="checkbox"/> Indoor Recreation Facility	<input type="checkbox"/> Specialized Child Care/Mildly Ill	<input type="checkbox"/> Change Ownership	<input type="checkbox"/> Change Director

PART 1: PROGRAM INFORMATION (this section must be completed in its entirety)

Name of Facility as it appears on license:		License Number	Phone Number: (including area code):	
Street Address of Facility (physical address):	City:	County:	Zip Code:	
Mailing Address of Facility, if different (include city and zip code):				
E-Mail Address:			FAX Number (including area code):	

Days and Hours of Operation – please check AM or PM as applicable:

☐ 24 Hour Care

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
Closing	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
Time:	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Months of Operation: ☐ School Year Only ☐ 12 Months ☐ Other: _____

Program Designations:

☐ Faith Based ☐ Head Start ☐ Urban Zone ☐ Public/Non-Public School ☐ VPK ☐ School Readiness

Check all service options that apply:

Full Day ☐ Half Day ☐ Drop-In ☐ Night Care ☐ Before School ☐ After School ☐ Weekend ☐
Infant Care (0-12 mos) ☐ Infant Care (12-24 mos) ☐ Food Served ☐ Transportation ☐

Number of children under age 2 proposed to be kept at facility:	Number of children over age 2 proposed to be kept at facility:	Total capacity requested:
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ON-SITE DIRECTOR INFORMATION

Name of Director: _____ Date of Birth: _____
First Middle (Maiden) Last

Director's Home Address: _____ Zip Code: _____
(Street or P.O. Box) City

Telephone Number: (_____) _____

Director Credential Certificate Number: _____ Director Credential Level: _____
Certificate Expiration Date: _____

III. LEGAL OWNERSHIP OF CHILD CARE FACILITY (Complete One Section Only)

INDIVIDUAL

Name:	First	Middle (Maiden)	Last
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ()
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

PARTNERSHIP

(Attach a copy of the Partnership Agreement)

Name:	First	Middle (Maiden)	Last
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ()
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

Name:	First	Middle (Maiden)	Last
Address (P.O. Box or Street Address)	City	Zip Code	Telephone Number ()
Role in Child Care Facility Operation (Attach additional sheets if necessary)			

CORPORATION

(Attach current Articles of Incorporation and Certificate of Status/Certificate of Authorization from Dept. of State)

Name:	Corporate #: _____		
Telephone Number, including area code:	Incorporated in which state? _____ Is the corporation registered with the Florida Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please register prior to submitting an application.)		
Address (P.O. Box or Street Address)	City	State	Zip Code
Attach a list of Director's names, and the title/office, address, and telephone number for each Director. 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.			
All corporations must include a current Certificate of Status (domestic corporation), or a 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.			

OTHER ENTITY

(These are programs operated by School Boards, before and after school programs, and other non-incorporated entities.)

Name of Entity:			
Entity's Designated Representative:	First	Middle (Maiden)	Last
Address (P.O. Box or Street Address)	City	State	Zip Code
Telephone Number ()			

IV. OWNER OF REAL PROPERTY

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

V. ATTESTATION

Has the facility owner, applicant, or director 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 childcare facility?

☐ Yes ☐ No

If Yes, please explain: _____

[Attach additional sheet(s) if necessary]

I hereby attest that the information contained in this section is truthful and correct under penalty of perjury. _____

Initial

Have you or anyone identified as a party to ownership ever held a license (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? _____

[Attach additional sheet(s) if necessary]

It is agreed that the undersigned has received a copy of Chapter 77-620, Laws of Florida, as amended, the Palm Beach County Rules and Regulations Governing Child Care Facilities and other applicable regulations adopted by reference therein, and will adhere to the provisions of these Statutes, Rules, and Regulations.

Pursuant to the Palm Beach County Rules and Regulations Governing Child Care Facilities, child enrichment service providers shall be of good moral character based upon screening, using Level 2 standards in Chapter 435, F. S. If this facility utilizes a child enrichment service provider, it is the responsibility of the director to ensure that the child enrichment service provider is screened accordingly and parents/guardians provide written consent before a child may participate in activities conducted by the child enrichment service provider. Your signature on this application indicates your understanding and compliance with the law.

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 section 435.05(3), F.S., each employer must attest via signed affidavit compliance with the provisions of chapter 435.04, F.S. 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 application information is grounds for denial or revocation of the license to operate a child care facility. Under penalty of perjury I hereby attest that the information contained in this application is truthful and correct.

This application may be withdrawn at any time the applicant so desires. _____ DATE _____
Signature of Owner or Organization's Designated Representative

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

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

Print, Type, or Stamp Commissioned Name of Notary Public

☐ Affiant personally known to notary OR

☐ Affiant produced the following identification: _____

THIS APPLICATION REQUIRES THE WRITTEN APPROVAL OF THE FOLLOWING AGENCIES:

Building Department: _____ Date: _____
Print Name Signature

Comments: _____

Zoning Department: _____ Date: _____
Print Name Signature

Approved Capacity: _____ Comments: _____

Fire Department: _____ Date: _____
Print Name Signature

Comments: _____

CHILD CARE ADVISORY COUNCIL: _____ Date: _____