



## Florida Department of Health in Palm Beach County Child Care Licensing Program

### Child Care Licensure Questionnaire

In order to assess the need for your program to be licensed as a “Child Care Facility”, as required under S.402.302(1), Florida Statutes, and Palm Beach County Rules and Regulations Governing Child Care Facilities, please complete all questions below. This questionnaire will be reviewed by the Department of Health in Palm Beach County and the Child Care Program Coordinator will notify you of a determination.

Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### OPERATIONAL INFORMATION

1. Is the program currently licensed or certified by any other agency, entity, or holds an exemption from licensure? If so, provide a copy of the current license or accreditation certificate.

\_\_\_\_\_ Yes (see attached)

\_\_\_\_\_ No

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

\_\_\_\_\_ Public School

\_\_\_\_\_ Non-public School

\_\_\_\_\_ Corporation or LLC

\_\_\_\_\_ Individual owner

\_\_\_\_\_ Partnership – not incorporated

\_\_\_\_\_ Other (please provide specifics) \_\_\_\_\_

- b. What is the legal name of the entity/organization that operates the program?

\_\_\_\_\_

c. Is the operator affiliated with a national membership non-profit organization that was created for the purpose of providing youth service and youth development and holds membership in good standing that is certified by its national affiliate as complying with the organization's purpose, procedures, minimum standards, and mandatory requirements? If yes, please attach a copy of the programs certification of good standing.

\_\_\_\_\_ Yes (see attached)

\_\_\_\_\_ No

3. Where is the program operated?

\_\_\_\_\_ Public School    \_\_\_\_\_ Non-public 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 schools attend the program

5. If the program is located on the grounds of a school but is operated by an entity other than the school, do you have a written/formal agreement with the school/school district to provide the program (on behalf of the school) wherein the school/school district is named as the responsible party for the operation of the program? If so, please attach a copy.

\_\_\_\_\_ Yes (see attached)

\_\_\_\_\_ No

6. How is the program funded? Check all that apply.

\_\_\_\_\_ Fee or tuition paid by parent

\_\_\_\_\_ Annual Membership Fee

\_\_\_\_\_ Grant(s) (please provide specific grant source)

\_\_\_\_\_ School Readiness

\_\_\_\_\_ Other (please provide specifics)

## PROGRAM DESCRIPTION

7. When does the program operate?

\_\_\_\_\_ School Year Only

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\_\_\_\_\_ Summer Only

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\_\_\_\_\_ Year Round

Circle all that apply: **Mon Tue Wed Thu Fri Sat Sun**

Hours of Operation: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

8. Number of hours per day children attend:

\_\_\_\_\_ Less than 1 hour      \_\_\_\_\_ 1-2 hours      \_\_\_\_\_ 2-4 hours      \_\_\_\_\_ More than 4 hours

9. Indicate the number of children in each age group attending the program:

\_\_\_\_\_ Birth – 5 years (before kindergarten)

\_\_\_\_\_ VPK only

\_\_\_\_\_ Kindergarten – 5<sup>th</sup> grade

\_\_\_\_\_ 6<sup>th</sup> grade and up

\_\_\_\_\_ Other (provide specifics)

10. What types of activities does your program provide? Check all that apply:

\_\_\_\_\_ Arts/Crafts

\_\_\_\_\_ Games/Movies

\_\_\_\_\_ Homework assistance

\_\_\_\_\_ Music

\_\_\_\_\_ Outdoor Recreation/Play

\_\_\_\_\_ Personal Enrichment/Character Development

\_\_\_\_\_ Computer Lab

\_\_\_\_\_ Field Trips

\_\_\_\_\_ Other (specify \_\_\_\_\_)      \_\_\_\_\_ Mothers Night Out

12. Does the program have a single instructional/tutorial purpose and is that purpose the only service provided? If yes, please provide additional information below.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

a. What skill(s) is the instruction focused on? \_\_\_\_\_

b. How long is a session time? \_\_\_\_\_

c. How many sessions can a child have in one day? \_\_\_\_\_

11. What type of transportation arrangements are utilized for the field trips, if applicable?

☐ Do not go on field trips

☐ Use our own vehicles

☐ Parents transport children

☐ Hire or contract for transportation

12. What type of food service is offered?

☐ No food or snacks provided

☐ Vending Machines available for children to purchase snacks

☐ Pre-packaged individual snacks and drinks only

☐ Participate in USDA Afterschool Meal Program

☐ Food/snacks are prepared (includes any heating/mixing foods and/or serving/storing food that requires refrigeration)

### **ATTENDANCE POLICY**

15. Does the program assume responsibility for the supervision of the children?

☐ Yes

☐ No

16. What is the attendance policy? Do the same children attend the program on a regular basis?

☐ Yes

☐ No

17. Do parents remain on the premises with the children at all times?

☐ Yes

☐ No

18. Are children permitted to enter and leave the program at any time without permission, prior arrangement, or adult supervision? If yes, please attach a copy of the policy that informs parents of this arrangement.

☐ Yes (see attached)

☐ No

19. Are parents/legal guardians required to sign children in and out of the program?

☐ Yes

☐ No

Provide a brief description of the program and attach brochures, advertisements, parent information sheets, enrollment form, service agreements, or other information.

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(Attach additional sheets as necessary)

Person completing questionnaire:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please return the completed questionnaire and all attachments to:

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

It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, or any person knowingly to: (a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment or licensure regulated under ss. 402.301-402.318 all information required under those sections or a material fact used in making a determination as to such person's qualifications to be child care personnel, as defined in s. 402.302, in a child care facility, family day care home, or other child care program.

(b) Operate or attempt to operate a child care facility without having procured a license as required by this act.