



**CHILD CARE FACILITIES BOARD
 FLORIDA DEPARTMENT OF HEALTH PALM BEACH COUNTY
 800 Clematis St., 4th Floor, West Palm Beach, FL 33401**

APPLICATION TO OPERATE A LARGE FAMILY CHILD CARE HOME

FOR OFFICE USE ONLY Offender Search Completed Date: _____ By: _____ Exact address match? <input type="checkbox"/> Yes or <input type="checkbox"/> No (check one)
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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 Palm Beach County Health Department at (561) 837-5900 if there are any questions relating to completing this application.

I. PROGRAM INFORMATION (This section must be completed in its entirety)			
Application Type (Choose One): <input type="checkbox"/> New <input type="checkbox"/> Revision of Existing License			
Last Name of Operator		First Name, Middle Initial of Operator	
Street Address of Facility (do not enter P.O. Box)		City	Telephone Number ()
Mailing address of Facility, if different		Email address	
Date home was licensed as a Family Day Care Home:	Date Staff Credential was verified:	Is you Staff Credential Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days and Hours of Operation: Hours of Operation: From: _____ To: _____ Days of week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Check all service options that apply: <input type="checkbox"/> Full Day <input type="checkbox"/> Before School <input type="checkbox"/> Night Care <input type="checkbox"/> Transportation <input type="checkbox"/> Half Day <input type="checkbox"/> After School <input type="checkbox"/> Weekend Care <input type="checkbox"/> Food Served <input type="checkbox"/> Infant Care (0-1 yr) <input type="checkbox"/> Infant Care (1-2yr)			

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	Telephone Number ()
Corporate# _____ Incorporated in which state? _____ If out of state, is the corporation registered with the Florida Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> 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, Florid 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.		

III. NAME OF HOUSEHOLD AND FAMILY MEMBERS RESIDING IN THE LARGE FAMILY CHILD CARE HOME				
	Name (first, middle(maiden), last)	Relationship	Sex	Date of Birth
1				
2				
3				
4				
5				

IV. LARGE FAMILY CHILD 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: () _____ Substitutes Address _____	
2. Substitute Name: _____ Telephone Number: () _____ Substitutes Address _____	

V. EMPLOYEE(S) WORKING IN LARGE FAMILY CHILD CARE HOME			
NAME	Address	Phone	Training

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

VII. ATTESTATION	
<p>Has the facility owner, applicant, operator, employee 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____</p> <p>_____</p> <p style="text-align: center;">[Attach additional sheet(s) if necessary]</p>	
<p>Prior to receiving a license, I, the owner, the employee, substitute and all adult household members, have submitted all required background screening clearance information?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____</p> <p>_____</p> <p style="text-align: center;">[Attach additional sheet(s) if necessary]</p>	

VIII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	
<p>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.</p> <p>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.</p> <p>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.</p> <p>Your signature on this application attests to your understanding and compliance with all of the aforementioned requirements.</p> <p>This application may be withdrawn at any time the applicant so desires. _____ DATE: _____</p> <p style="text-align: center;">APPLICANT'S SIGNATURE</p>	

THIS APPLICATION CANNOT BE PROCESSED AND/OR LICENSE ISSUED UNTIL THE FOLLOWING AGENCIES HAVE GIVEN APPROVAL:			
Zoning Department:	_____	_____	Date: _____
	(Print Name)	(Signature)	
Approved Capacity _____	Comments: _____		
	(Max 12)		
Building Department:	_____	_____	Date: _____
	(Print Name)	(Signature)	
Comments:	_____		
Fire Department:	_____	_____	Date: _____
	(Print Name)	(Signature)	
Comments:	_____		
CHILD CARE ADVISORY COUNCIL:			Date: _____

You must complete Section IX of this application, EITHER the Release of Information (Non-Confidential) form on page 3, Section IX(a) OR the, Confirmation of Statutory Confidential Status form on page 4, Section IX(b), whichever is applicable.

Release of Information Large Family Child 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 page 4 if you meet the requirements of the public record exemption statute.

DO NOT COMPLETE PAGE 4 IF YOU HAVE COMPLETED THIS PAGE.

IX(b): CONFIRMATION OF STATUTORY CONFIDENTIAL STATUS FORM.

Complete this section **ONLY** if you meet the statutory criteria for "Confidential Status". If you do not meet the requirement, you must complete Section IX(a) on page 3.

Confirmation of Statutory Confidential Status Large Family Child 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:

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

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

Signature of provider

Date

Name of Home (please print)

Address

Please complete page 3 if you **do not** meet the requirements of the public record exemption statute.