Department of Children's Services
Child Care Licensing Division
3152 Clay Mangum Lane
Tampa, Florida 33618
Telephone: (813) 264-3925 Fax: (813) 264-2118

Family Child Care Home License Application

(TYPE OR PRINT LEGIBLY IN INK)

Instructions: All information on this application must be truthful and correct. An incomplete application will not be accepted. Please contact the licensing agency if there are any questions relating to the completion of this application.

Type of Application: __Initial __Renewal* __Change of Location __Change of Name

***For license renewals only**: Renewal of this license is contingent upon the payment of any fines previously imposed as a sanction against this license, that was not contested, or that was affirmed at an administrative hearing. If at the time of this license renewal application there is a pending administrative hearing resulting from a proposed fine, it shall not affect the renewal of this license.

Name of Caregiver		Date of Birth	
Street Address		City	Zip Code
Phone	Cell	Fax	Email
Mailing address (if applicable)		City	Zip Code

Owner of property: _____ Phone Number: _____

Address: _____ State: _____ Zip Code: _____

Type of ownership: ____Individual ____Partnership (Addendum Required) ____Corporation (Addendum Required)

If a fictitious name or other identifying name is to be used, please provide the name here (and you must attach a copy of the Department of State's fictitious name registration form): _____

Family member/others living on the property:

1. _____ Relationship: _____ D/O/B: _____
2. _____ Relationship: _____ D/O/B: _____
3. _____ Relationship: _____ D/O/B: _____
4. _____ Relationship: _____ D/O/B: _____
5. _____ Relationship: _____ D/O/B: _____

Accreditation: _____ Yes (must include a copy) _____No

Age range of children to be served: Infant only _____ (Under 12 months)

Infant to 5 years _____ Infant to 13 years _____ 5 years to 13 years_____

Will Vehicle be used for field trips, emergencies, etc? Yes _____ No_____

Operational Months: _____ Through: _____ Year round:_____

Operational days **(Circle)** SUN MON TUE WED THURS FRI SAT

Day time care: _____Yes _____No Full Day_____ Half Day_____

Night time care: _____ Yes _____ No Drop In_____ Before School____

Food Served: _____Yes _____No After School____ Infants_____

Have you, as an applicant for a child care license, ever had an application for child care license denied, revoked, suspended, been fined, or been subject to disciplinary action while operating or employed in a child care facility or family child care home in any state or jurisdiction? Yes____ No____

I do hereby affirm, under penalty of perjury, that all family members or persons residing with the caregiver, 18 years of age or older and all child care personnel at this proposed family child care home have been fingerprinted pursuant to the statutory requirements and all family members or persons residing with the applicant 12 years of age through 17 years of age has had a Florida Department of Law Enforcement check. I swear and affirm that all the information given within this application is complete and accurate and I understand the falsification of application information is grounds for denial or revocation of a license to operate a family child care home.
In addition I agree to notify the Hillsborough County Child Care Licensing Office of any changes in the information provided above.

_____
Signature of Caregiver

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

_____ _____Who is personally known to me
Notary Public, State of Florida – At Large _____Who has produced identification

My Commission Expires: _____

You must complete the Release of Information (Non-Confidential), or Confirmation of Statutory Confidential Status, whichever is applicable, located on the back of this application.

HC CCL 36 (Rev 09/15)

Release of Information
Licensed Family Child Care Home
Or
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 Department are included on this website. Street addresses of Family Child Care Homes will be **optional**, however, **ALL** NAMES, ZIP CODES AND 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. The website address for the State of Florida is myflorida.com/childcare/provider. The website address for Hillsborough County is hillsboroughcounty.org.

Each provider may request the street address of the Family Child Care Home/Large Family Child Care Home to be included on the website.

Please, **circle one** of the following choices:

1. I attest that I am the operator of a licensed Family Child Care Home/Large Family Child Care Home and understand **only** my NAME, ZIP CODE AND TELEPHONE NUMBER will appear on the child care licensing website.

2. I attest that I am the operator of a licensed Family Child Care Home/Large Family Child Care Home and request the **street address** of my home be added to the child care licensing website.

_____

(PLEASE PRINT) Family Child Care Provider

_____

Number Street Address Zip Code

_____

Signature of FCCH Provider Date

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COMPLETE THE FOLLOWING - ONLY IF APPLICABLE

Confirmation of Statutory Confidential Status
Registered or Licensed Family Day Care Home
Large Family Child Care Home

Section 119.07(3)(I)1. 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
Firefighters
Justices of the Court
State Attorneys
Investigators of Abuse and Neglect
Child Support Enforcement staff
Employees involved in Revenue Collection
County/Municipal Code Enforcement officers
Foster parents

*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/large family child 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/large family child care home demographic information displayed on the child care licensing website.

Please include the following (circle only one):
*Telephone number only
OR
*Both the address and telephone number

_____ _____

Signature of provider Date

_____

Name of Home (please print)

_____

Address