



Hillsborough County Florida

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/LARGE CHILD CARE HOME LICENSE APPLICATION

(TYPE OR PRINT LEGIBLY IN INK)

Type Of Application: Initial Renewal Change Of Location Change Of Name

Name Of Operator		Date Of Birth	
Street Address		City	Zip Code
Phone	Cell	Fax	E-Mail
Mailing Address (If Applicable)		City	Zip Code
HOW WOULD YOU PREFER TO RECEIVE YOUR LICENSE (Please Specify)			
E-MAIL: YES <input type="checkbox"/> NO <input type="checkbox"/>		OR MAILED: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Type Of Ownership: Individual Partnership (Addendum Required) Corporation (Addendum Required)

NOTE: If owner has a partnership or corporation, the Addendum Section of the application must also be completed.

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): _____

(OWNER/OPERATOR MUST LIVE AT THE ABOVE ADDRESS)

Owner Of Property: _____ Phone Number: _____

Address: _____ State: _____ Zip Code: _____

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: _____

Age Range Of Children To Be Served:	Infant Only _____ (Under 12 Months)
Infant To 5 Yrs _____	Infant To 13 Yrs _____ 1 Years to 5 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 _____ Weekends _____
Night Time Care _____ Yes _____ No	Drop In _____ Infants _____
Food Served: _____ Yes _____ No	Before School _____ After School _____
HOW MANY YEARS HAVE YOU BEEN LICENSED AS A FAMILY CHILD CARE OPERATOR? _____ YEARS	
DATE YOU WERE INITIALLY LICENSED _____	DO YOU HAVE A CDA? YES _____ NO _____ DATE CDA WAS OBTAINED _____

PLEASE ATTACH COPY OF FORM 5206, YOUR CDA

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 acknowledge that I have been made aware of the State-mandated Radon testing requirements (FS404.056(4))."

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/large 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 attest that I am of good moral character as set, forth by law. 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

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me

via physical presence OR online notarization

this _____ day of _____, 20_____.

By _____

Personally known OR produced identification

(Signature of Notary Public)

Type of Identification Produced: _____

(Print Name of Notary Public)

Place Notary Seal Stamp Above

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

**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

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