



CARES – User Guide

HOW TO RENEW A CHILD CARE LICENSE

This guide provides instructions on how to renew a license using the **Child Care Administration, Regulation and Enforcement System (CARES)**.

This guide is intended for individuals renewing a licensure with the **Florida Department of Children and Families (DCF)**.

Renewal Email

You will receive an automated email notification to access your renewal application on your CARES account **90 days before** your license expires.

If you did not receive the email, contact the [Licensing Office](#) to confirm your information.

Accessing CARES

To access the system:

1. Log in to **CARES** using your email address and password
2. Select **Log In**
3. Select the **Renewal Applications** tile on the **Dashboard**
4. Select **Start** next to the application

Important: Submit your renewal application at least 45 days before your expiration date to avoid late fees.

Application Overview

Most information in your application will auto-populate based on what you previously provided.

You may update limited fields.

For changes to ownership, adding new personnel, or background screening information, contact the [Licensing Office](#) where a Licensing Specialist can assist you.

Applicant Information

This section is auto selected based on your role in the system. To change it, contact the [Licensing Office](#) where a Licensing Specialist can assist you.

Provider Profile

You may update:

- Mailing address
- Phone number(s)
- Email address(es)
- Website URL

All other fields are read-only. Changes to your physical address or program type may require a new license application.

Select **Save & Continue**.

Name		Name of Business ABC Learning Academy	
		Doing Business As (Optional)	

Address	Address 6143 Eastfield Trl		
	City Tallahassee		
	State FL	ZIP Code 32317	
	Leon ▾		
	<div> <div>+</div> Add Mailing Address (if different from physical) </div>		
Is the owner's house adjacent to the physical address?			
<div> <input type="radio"/> Yes </div>			
<div> <input checked="" type="radio"/> No </div>			
<small>Note: If the house is adjacent to the business, the owner's family members must also clear background checks.</small>			

Phone	Landline	(898) 655-9533	Ext
<div> <div>+</div> Add Phone (Optional) </div>			

Email	Primary	ABClearning@learning.org
<div> <div>+</div> Add Email (Optional) </div>		

Website	www.abclearning.com
<small>Website where people can find details about your services</small>	

BACK

SAVE & CONTINUE ▶

Business Hours

Update your operational months, days, and hours.

Indicate when the facility will operate:

- School Year
- Summer
- Migrant Season
- Year Round

Enter operating days and hours for each day of the week.

Use **Add Time Slot** for multiple operating periods. Remove time slots for days the facility is closed.

Select **Save & Continue**.

Operational Months

What time will you open and close your business?

School Year

Summer

Migrant Season

Year Round

Operating less than 12 months and during the school year only.

	Open	Close	
MON	12:00 AM	11:59 PM	⋮
TUE	12:00 AM	11:59 PM	⋮
WED	12:00 AM	11:59 PM	⋮
THU	12:00 AM	11:59 PM	⋮
FRI	12:00 AM	11:59 PM	⋮
SAT	12:00 AM	11:59 PM	⋮
SUN	12:00 AM	11:59 PM	⋮

Select the ellipses option to Add/Remove time slots

Services Offered











Select all services you intend to provide by toggling the applicable options. You may update all services except transportation.

To add or remove transportation, contact the [Licensing Office](#) where a Licensing Specialist can assist you.

Toggle each service on or off.

If you offer **Weekend Care** or **Night Care**, ensure the hours are entered on the **Business Hours** page.


Select **Save & Continue**.

Select services you offer			
 Full Day Child care offered full day.	<input checked="" type="checkbox"/>	 Half Day Child care offered half day.	<input checked="" type="checkbox"/>
 Drop In Care for children occurring on an infrequent and irregular basis.	<input checked="" type="checkbox"/>	 Night Care Care provided from 6:00 pm to 7:00 am the following day to help parents who work evening shifts.	<input type="checkbox"/>
 Before School Care for children before the academic school day begins to supplement parental care.	<input checked="" type="checkbox"/>	 After School Care for children after the academic school day ends to supplement parental care.	<input checked="" type="checkbox"/>
 Weekend Care Care provided between the hours of 6:00 pm on Friday and 6:00 am on Monday.	<input checked="" type="checkbox"/>	 Infant Care Care for children ages birth through 12 months.	<input type="checkbox"/>
 Food Served Provides nutritious meals and snacks of a quantity and quality to meet the daily needs of children.	<input type="checkbox"/>	 Transportation Transport children in a vehicle away from and/or to the premises of the child care program.	<input checked="" type="checkbox"/>

Ownership Information

This page is view-only. Ownership changes may require a new license application. Contact the [Licensing Office](#) if you need changes to this section.

Select **Save & Continue** to proceed to the next section.



Who owns your business?

An owner could be an individual, a corporation, or a partnership. If you have registered your business in Florida, you will find the 'Document Number' on the top right of the 'Articles of Organization' issued by the Florida Division of Corporations. Keep it handy as you will need it on the next page.

Choose Corporation Type

INCORPORATED

UNINCORPORATED

Incorporation is the process of legally declaring a corporate entity as separate from its owner(s). This means you have registered your business with the Florida Division of Corporation.

Find By Document Number

Q

This is a 6 or 12 digit number assigned by the Florida Division of Corporations when your business was incorporated.

Incorporation Details

Below are the details we found from the Florida Division of Corporations for the Document Number. If the information is not accurate, please visit SunBiz.org to update.

Document Number
P123011100100000

Entity Name
ABC Learning Centers

People

This page lists current staff. You may remove personnel by entering an **End Date** and **Reason for Severance**.

You cannot add new personnel or edit other details. A Licensing Specialist will add new personnel during your renewal inspection.

Select **Save & Continue**.

R

Ron Smith

Owner

✓
✎
✖

Name

Full Name
Ron Smith

Previous Name(s)

Date of Birth
Dec 22, 1990

Social Security Number
*****6464

Role

Owner

Address

Current
123 Circle Rd
Tallahassee, FL 32301

Previous
9632 Around Court
Tallahassee, FL 32301

Phone

Cell
(850) 555-5555

Documents

Acknowledge each required form by entering your name and date.

For the Attestation form, providers must select **“Yes”** for the question regarding whether the owner or any ownership party has ever held a license with any state agency (other than a driver’s license). Enter the information for the license you are renewing.

ABC Learning Academy

Has the owner, applicant, or director ever had a license denied, revoked or suspended in any state or jurisdiction, been the subject of a disciplinary action, or been fined while employed in a child care facility?

☐ Yes
 ☒ No

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

This is auto-populated for you. You must provide your license information.

License Type

Child Care

Country

United States

State

Select a State or 'Other' option if not within US

Issued By

DCF

License Issued Date

1/30/2026

License Number

C11MD1234

Licensee Name

Matt Thompson

Name as it exists in the license

+ Add License (if any)

Add additional licenses if needed

CARES – HOW TO RENEW A CHILD CARE LICENSE

Attachments

Upload all required documents. Items marked with an asterisk (*) are mandatory.

All document sections must display a green check mark to proceed to the next section of the application.

Select **Save & Continue**.

The following documents must be submitted with the application

- ✓ **Central Abuse Hotline Records Search**
Authorization by the signee to allow search for child abuse records by an external agency.
- ✓ **Child Abuse & Neglect Reporting**
Acknowledgement of receipt of information and understanding of the statutory requirements for mandatory reports of child abuse and neglect to the Florida Abuse Hotline.
- ✓ **Attestation**
Provide information regarding licenses and acknowledge statutory references such as HIPPA and the Rilya Wilson Act.

Attachments
Attach additional documents here.

Please upload the appropriate documents from the list below.

Documents with an asterisk (*) are mandatory for application submission.

Maximum file size allowed is 2MB. Accepted File types allowed are "pdf", "jpg", "jpeg", "gif", "png", "doc", "docx", "xls", "xlsx"

Please select a document type

	Name of the Document	Document Status	Action	
1	<u>Transportation: Driver's Physical</u>	Uploaded		Mandat
2	<u>Level II Clearinghouse Screening Clearance</u>	Uploaded		Mandat
3	<u>Fire Safety Inspection</u>	Uploaded		Mandat
4	<u>Attestation of Good Moral Character</u>	Uploaded		Optiona

Option to delete uploaded documents

Background Screening

This page displays your ORI and OCA numbers and the background screening status of current personnel. No edits can be made.

Select **Save & Continue**.

Keep this ORI# and OCA# on hand.

You will need this number, in order to register your facility account in the AHCA portal.

Business Name
Your business name as it appears on your application.

ORI#
EDCFCC40Z
ORI stands for Originating Agency Identifier Number. These numbers explain the need for the background check with the Florida Department of Law Enforcement (FDLE) and where to send [more...]

OCA#
22374179Z
OCA stands for Originating Case Agency Number. This number is typically used in conjunction with the above ORI number to identify the applicant's need for the background check. In [more...]

Complete Level 2 Background Screening

The people in the list below must complete Level 2 Background Screening. Updates to background screening will be made by licensing staff during your renewal inspection.

Fingerprint Status

✓	Ron Smith Cleared 04/11/2024
✓	Jane Smith Cleared 05/31/2022

BACK **SAVE & CONTINUE**

Payment

This page lists:

- Required application fee
- Any late fees
- Any administrative fines

Select **Pay Invoice** to proceed.

Important: If you have requested an administrative hearing for a fine, do not pay it here, as payment may waive your right to the hearing.

Online payments are subject to a service fee. Service fee is less than 1% of the total amount.

Important: You must submit your application **after** paying your licensure fee.

Invoice Date	Invoice Number	Invoice Type	Invoice Amount
✓ 01/27/2026	78719	Fee	\$50.00
Total Due			\$50.00

PAY INVOICE

Attention Provider


License fees are due at the time of application process. Your license may not be renewed if you have unpaid administrative action fines.

Invoice #78645
 Invoice Date: 10/27/2025
 Status: Due

Attention
 Matt Thompson
 Licensed Family Day Care Home
 DCF ID: F02LE0028
 childcareprovider@gmail.com

Notes

DESCRIPTION	TOTAL
License Fee FY 2025-26	\$50.00
Total Due	\$50.00



Payment is due

PAY INVOICE

Review and Submit

Review each section for accuracy and completeness.

If edits are needed, select the pencil icon next to the section.

To submit the application:

1. Acknowledge the **Application Statement**
2. Select **Save & Continue**
3. Select **Submit**

Acknowledgement

You are applying to operate a **Child Care Center** in the State of Florida. When a completed application is submitted to the Department with the licensure fee and all the required documentation, the Department has 90 days in which to act upon your application.



I certify that I have read the above paragraph. All information is truthful and correct to the best of my knowledge.

BACK

SAVE & CONTINUE

Submit Your Application



Your documents are ready for submission. Click the Submit button to finish.

BACK

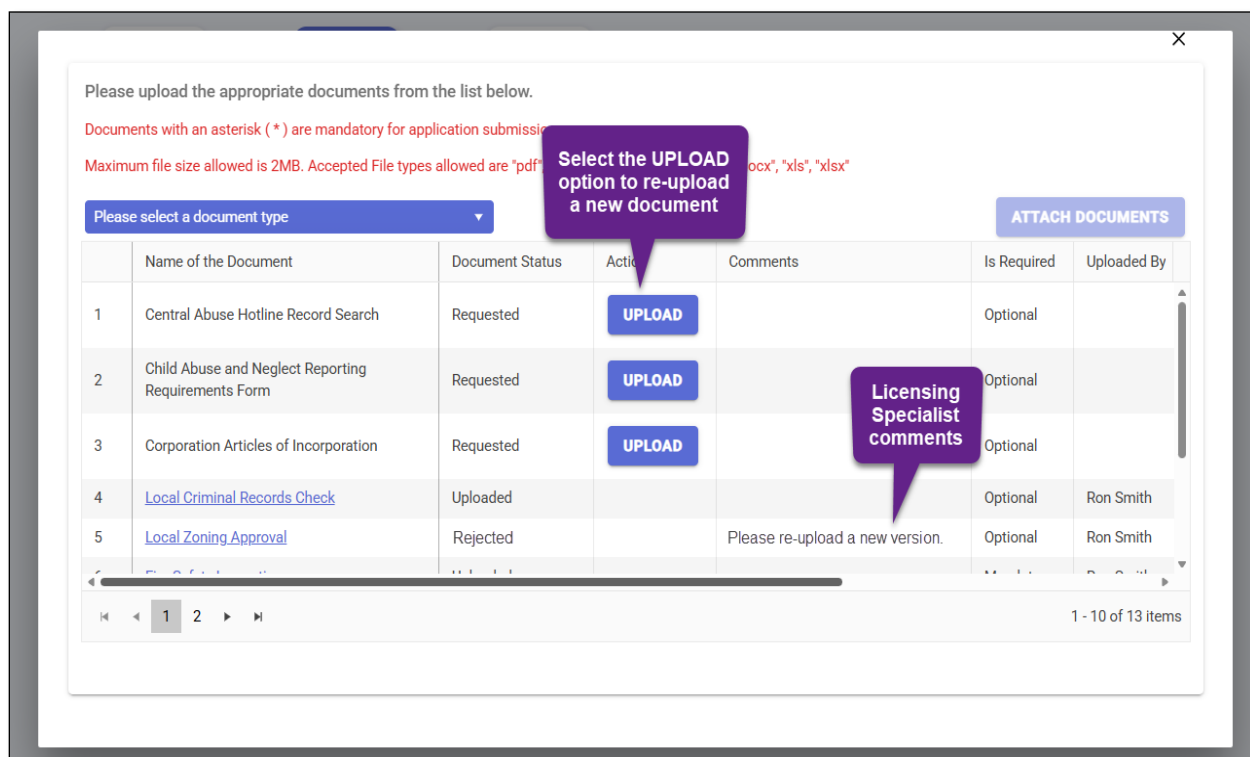
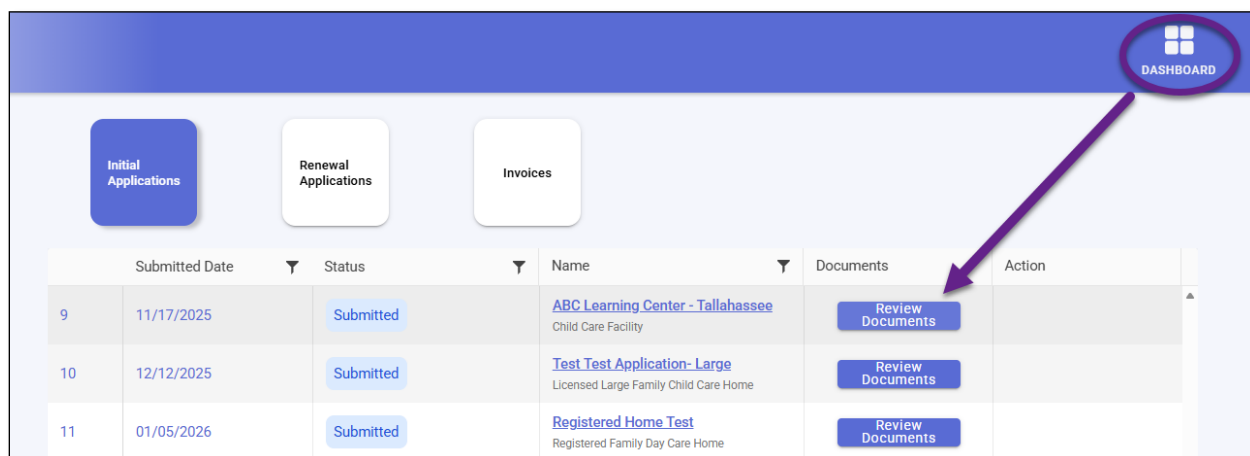
SUBMIT

Additional Document Requests

If additional documentation is required, you will receive an automated email notification.

Log in to **CARES** and select **Review Documents** from the dashboard to upload requested items.

For Rejected documents, you will receive guidance from your **Licensing Specialist** explaining the required corrections.



This completes the CARES online license renewal application process.