



CARES – User Guide

HOW TO APPLY ONLINE FOR A FAMILY DAY CARE HOME LICENSE

This guide provides instructions on how to apply online for a license to operate a family day care home using the **Child Care Administration, Regulation and Enforcement System (CARES)**.

To begin, you must have an active **CARES** account. If you do not have an account, refer to the [How to Create a CARES Account](#) guide before proceeding.

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

Before You Apply

Before starting the online application, review the requirements for [Opening a Licensed Family Day Care Home](#)

Confirm whether your program requires licensure by completing the [Child Care Licensing Questionnaire](#)

Your regional [Licensing Office](#) can assist with questions about licensing requirements or the application process.

Accessing CARES

To access the system:

1. Log in to **CARES** using your email address and password
2. Select **Log In**
3. If this is your first application, select **Let's Start** from the home screen
4. Or go to the **FORMS** page and select the (+) icon to start a new application

Application Questionnaire

You must complete a short questionnaire to determine the appropriate application type.

Property Type

Select the option that best describes the program.

Choose **Home** for programs that operate in a home setting.

Select **Next**.

Location

Enter the zip code where the home is physically located.

Select **Next**.

Capacity

Select **10 or Less** if you intend to provide care at home.

Select **Next**.

Application Recommendation

Based on your responses, **CARES** will display the appropriate application type and a summary of licensing requirements.

The Licensing contact information for your area will appear at the bottom of the page for your reference.

Select **Apply Now** to continue.

Applicant Information

Indicate who is submitting the application.

Select 'I am the owner and applicant' or 'I am the owner's designated representative.'

Select **Next: Provider Profile**.

PROVIDER	BUSINESS HOURS	SERVICES	OWNERSHIP	PEOPLE	DOCUMENTS	BACKGROUND
<p>Application for a license to operate a Child Care Facility</p>						
<p>Please indicate the type of ownership for your child care program:</p> <p>The account must be created by the owner or owner's legal representative for the purpose of applying to become a child care provider. Please select the option that best describes you.</p> <p><input checked="" type="radio"/> I am the owner and applicant <input type="radio"/> I am the owner's designated representative</p>						
<p>NEXT: PROVIDER PROFILE ▶</p>						

Provider Profile

Enter the family day care home information, including:

- Program name (or DBA)
- Physical and mailing address (if different)
- Phone number(s)
- Email address(es)
- Website (if applicable)

Indicate whether the owner's residence is adjacent to the program.

Name	
Name of Business ABC Learning Academy	
Doing Business As (Optional)	
 Address	
Main	
Address	6143 Eastfield Trl
City	Tallahassee
State	FL
ZIP Code	32317
Leon ▾	
+ Add Mailing Address (if different from physical)	
Is the owner's house adjacent to the physical address?	
<input type="radio"/> Yes	
<input checked="" type="radio"/> No	
Note: If the house is adjacent to the business, the owner's family members must also clear background checks.	
 Phone	
Landline	(898) 655-9533
Ext	
+ Add Phone (Optional)	
 Email	
Primary	ABC Learning@learning.org
+ Add Email (Optional)	
 Website	
www.abclearning.com	
Website where people can find details about your services	
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Program Sub-Type

Select the program type that best describes your program. If you are unsure, contact your local **Licensing Specialist**.

Select **Save & Continue**.

Business Hours

Indicate when the program 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 program 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.

At least one service must be selected.

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

Indicate whether your business is Incorporated or Unincorporated.

Incorporated

Search for your business using the Department of State document number. If not found, enter the business information manually.

Unincorporated

Select one ownership type: Individual - Partnership - Other Entity

Enter all required owner or entity information.

Select **Save & Continue**.

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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

P123011100100000 

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

Add all individuals living in home settings.

A licensed family day care home must have a **Substitute for the Owner**.

Enter each person's identifying information, role(s), and training credentials as needed.

Select **Save & Continue**.

Search Person	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
Email	Primary ron.smith@email.com

Select the (+) to add personnel records

Documents

All owners and employees must complete required forms, including **Attestation of Good Moral Character**, **Central Abuse Hotline Records**, and **Child Abuse & Neglect Reporting**.

Employment History

Provide employment history for each individual by completing the online form or uploading documentation.

Zoning Approval

Upload proof of zoning approval or complete the self-attestation.

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

- Attestation of Good Moral Character
- Central Abuse Hotline Records
- Child Abuse & Neglect Reporting
- Employment History
- Zoning - Self Attestation
- Attestation
- Attachments

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	Is Req.
1	Floor Plan	Uploaded		Mandatory
2	Director's Training & Credentials	Uploaded		Mandatory
3	Corporation Articles of Incorporation	Uploaded		Mandatory

ATTACH DOCUMENTS

Option to delete uploaded documents

Background Screening

Enter background screening results for all required individuals.

The Background Check section provides the ORI and OCA numbers and Fingerprinting location information if needed.

Enter the listed individual's screening status and completion dates once available.

Select **Save & Continue**.

About Background Screening Process

Your background screening account has been established with the Department for you to gain access to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse for fingerprint processing and management screening of household members / employees of your program.

If you have registered at AHCA, please login and find the background screening status for each person in the application. If you have not registered, please create an account to review the screening status. To find the status, you will need the ORI and OCA number of the household member / employee.

For your records, your program name as it will appear in the ORI and OCA numbers, and OCA name are listed below:

Keep this ORI# and OCA# on hand.

CARES will provide you with your ORI and OCA number

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#

22374203Z

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. Please update the status of each person as appropriate. **This is required to submit the application.**

Fingerprint Status

Ron Smith
Cleared
10/25/2021



Frequently Asked Questions

FAQ 1: How do I register with AHCA?



FAQ 2: Who is required to have a Fingerprint Check?



FAQ 3: What is a Juvenile Records Check?



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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**

Important: Once submitted, applications cannot be edited.

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.

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Submit Your Application



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

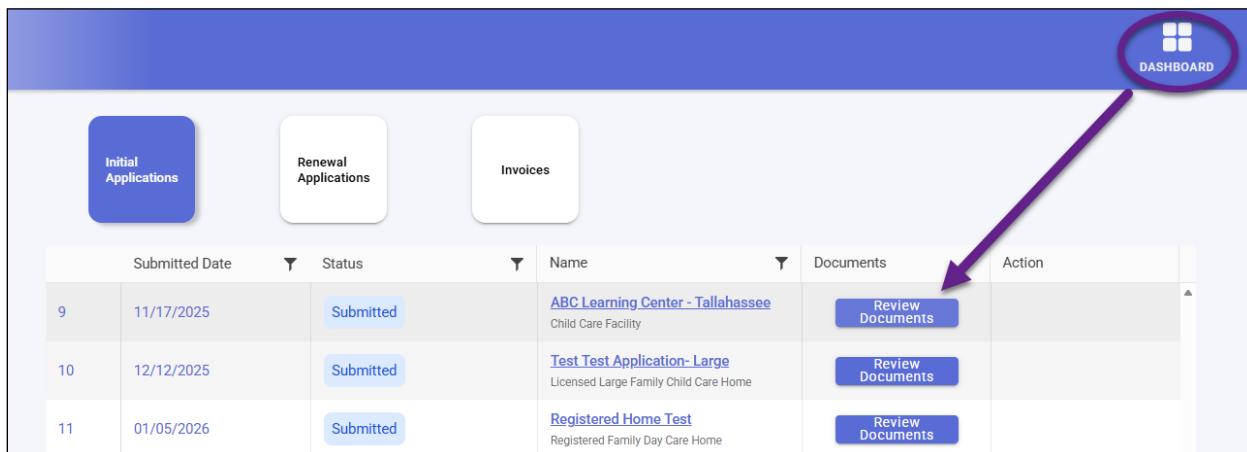
[BACK](#) [SUBMIT](#)

Additional Document Requests

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

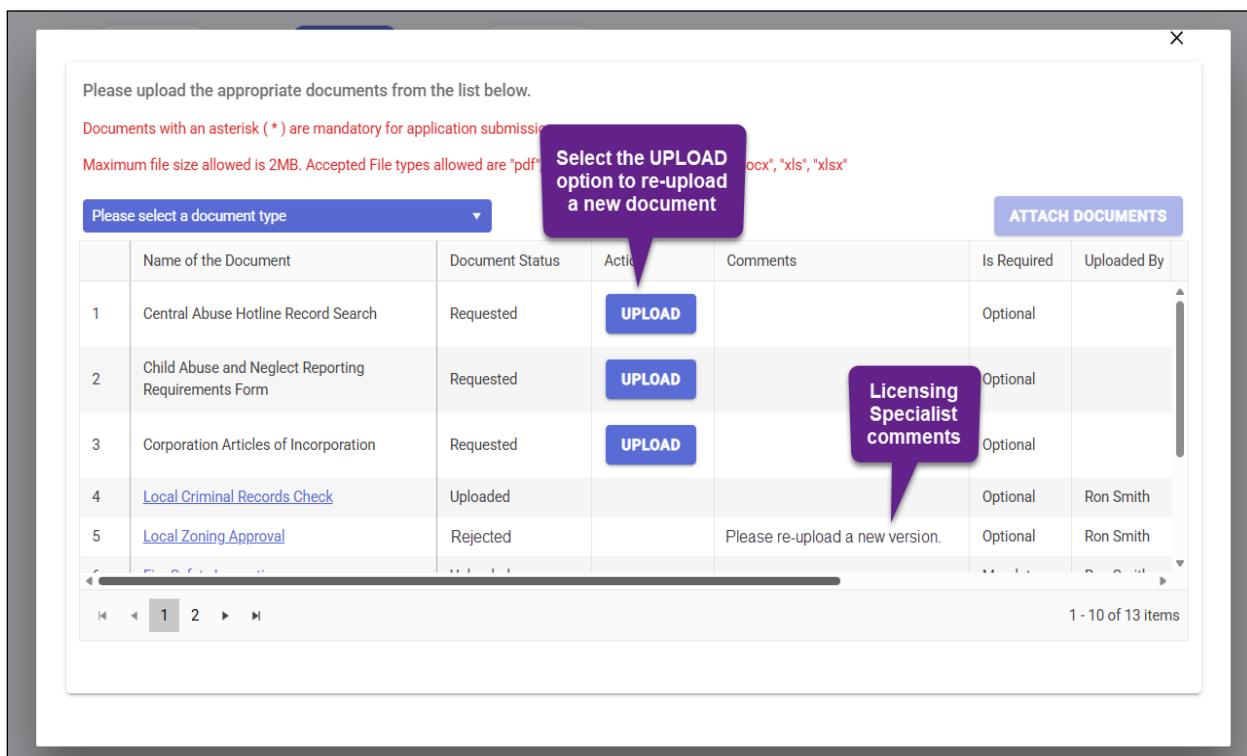
Log in to **CARES** and select **Review Documents** from the dashboard to upload requested items.

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



The screenshot shows the CARES dashboard with a list of applications. The applications are listed in a table with columns for Submitted Date, Status, Name, Documents, and Action. The 'Action' column contains a 'Review Documents' button for each application. A purple arrow points from the 'DASHBOARD' button in the top right corner to the 'Review Documents' button in the table.

	Submitted Date	Status	Name	Documents	Action
9	11/17/2025	Submitted	ABC Learning Center - Tallahassee Child Care Facility		Review Documents
10	12/12/2025	Submitted	Test Test Application- Large Licensed Large Family Child Care Home		Review Documents
11	01/05/2026	Submitted	Registered Home Test Registered Family Day Care Home		Review Documents



The screenshot shows the 'Review Documents' interface. It displays a list of documents with columns for Name of the Document, Document Status, Action, Comments, Is Required, and Uploaded By. The 'Action' column contains 'UPLOAD' buttons. A purple callout box points to one of the 'UPLOAD' buttons with the text 'Select the UPLOAD option to re-upload a new document'. Another purple callout box points to a comment field for a rejected document with the text 'Licensing Specialist comments'. The interface also includes a 'Please select a document type' dropdown, an 'ATTACH DOCUMENTS' button, and a pagination control at the bottom.

	Name of the Document	Document Status	Action	Comments	Is Required	Uploaded By
1	Central Abuse Hotline Record Search	Requested	UPLOAD		Optional	
2	Child Abuse and Neglect Reporting Requirements Form	Requested	UPLOAD		Optional	
3	Corporation Articles of Incorporation	Requested	UPLOAD		Optional	
4	Local Criminal Records Check	Uploaded			Optional	Ron Smith
5	Local Zoning Approval	Rejected		Please re-upload a new version.	Optional	Ron Smith

Payment

Once the application is determined to be complete, you will be notified when payment is due.

To submit payment:

1. Log in to CARES
2. Select Pay next to your application
3. Review the invoice and select Pay Invoice

After payment is processed, the licensing office will contact you regarding next steps.

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

Initial Applications		Renewal Applications	Invoices			
	Submitted Date	Status	Name	Documents	Action	
1	09/19/2025	Approved	ABC Learning Academy -Test Provider Child Care Facility	Review Documents		 Select the PAY option to make payment
2	10/16/2025	Approved	Children's Learning Academy - TEST Child Care Facility	Review Documents		
3	10/17/2025	Approved	Family Day Care Home- TEST Licensed Family Day Care Home	Review Documents	Pay	
4	10/27/2025	Approved	Beacon Hill Child Care- TEST Child Care Facility	Review Documents		

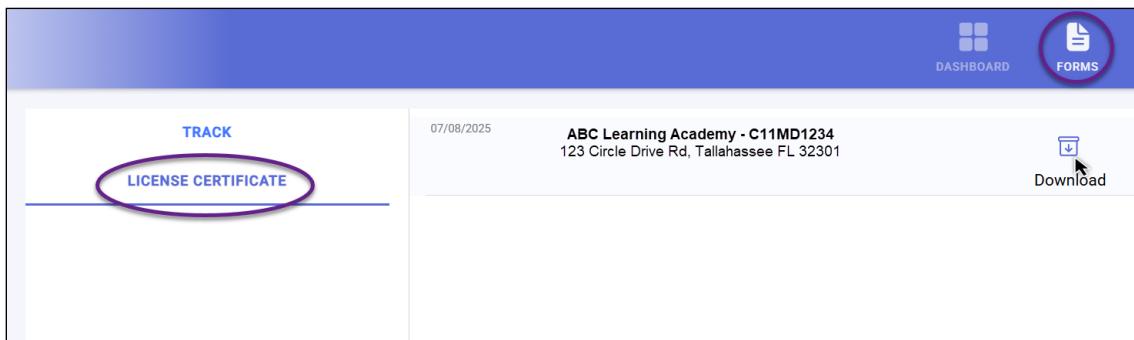
<p>Invoice #78645 Invoice Date: 10/27/2025 Status: Due</p> <p>Attention Matt Thompson Licensed Family Day Care Home DCF ID: F02LE0028 childcareprovider@gmail.com</p> <p>Notes</p> <table border="1"><thead><tr><th>DESCRIPTION</th><th>TOTAL</th></tr></thead><tbody><tr><td>License Fee FY 2025-26</td><td>\$50.00</td></tr><tr><td>Total Due</td><td>\$50.00</td></tr></tbody></table> <p> Payment is due</p> <p>PAY INVOICE</p>	DESCRIPTION	TOTAL	License Fee FY 2025-26	\$50.00	Total Due	\$50.00
DESCRIPTION	TOTAL					
License Fee FY 2025-26	\$50.00					
Total Due	\$50.00					

License Certificate

When your license certificate is issued, you will receive an email with a copy of your license certificate.

To download your certificate from your CARES account:

1. Log in to **CARES**
2. Go to the **FORMS** page
3. Select **License Certificate** and choose **Download**



This completes the CARES online family day care home license application process.