



# 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

### Application for a license to operate a Child Care Facility

Please indicate the type of ownership for your child care program:

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.

☒ I am the owner and applicant

☐ I am the owner's designated representative

**NEXT: PROVIDER PROFILE** ►

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

Phone	Landline	(898) 655-9533	Ext
+ Add Phone (Optional)			

Email	Primary	ABClearning@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**

<div style="display: flex; align-items: center;"> <div> <b>Full Day</b>                      Child care offered full day.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div> <b>Half Day</b>                      Child care offered half day.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>
<div style="display: flex; align-items: center;"> <div> <b>Drop In</b>                      Care for children occurring on an infrequent and irregular basis.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div> <b>Night Care</b>                      Care provided from 6:00 pm to 7:00 am the following day to help parents who work evening shifts.                 </div> <div style="margin-left: 20px;"> <input type="checkbox"/> </div> </div>
<div style="display: flex; align-items: center;"> <div> <b>Before School</b>                      Care for children before the academic school day begins to supplement parental care.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div> <b>After School</b>                      Care for children after the academic school day ends to supplement parental care.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>
<div style="display: flex; align-items: center;"> <div> <b>Weekend Care</b>                      Care provided between the hours of 6:00 pm on Friday and 6:00 am on Monday.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div> <b>Infant Care</b>                      Care for children ages birth through 12 months.                 </div> <div style="margin-left: 20px;"> <input type="checkbox"/> </div> </div>
<div style="display: flex; align-items: center;"> <div> <b>Food Served</b>                      Provides nutritious meals and snacks of a quantity and quality to meet the daily needs of children.                 </div> <div style="margin-left: 20px;"> <input type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div> <b>Transportation</b>                      Transport children in a vehicle away from and/or to the premises of the child care program.                 </div> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> </div> </div>

## 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 Corporations.

**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](http://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**.

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**  
 Self attestation by the signee that there are no violations / arrests / pending litigation that involves the disqualifying offenses.
- 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.
- Employment History**  
 Validation of the person's employment history to determine the person's work ethic and childcare experience.
- Zoning - Self Attestation**  
 Enter your name and date to confirm your understanding of the requirements for zoning.
- Attestation**  
 Provide information regarding licenses and acknowledge statutory references such as HIPPA and the Riley 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

ATTACH DOCUMENTS

	Name of the Document	Document Status	Action	Is Required
1	<a href="#">Floor Plan</a>	Uploaded		Mandatory
2	<a href="#">Director's Training &amp; Credentials</a>	Uploaded		Mandatory
3	<a href="#">Corporation Articles of Incorporation</a>	Uploaded		Mandatory

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 numbers 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.**

You will need this number, in order to register your facility account on 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
<div><div>✓</div><div>Ron Smith Cleared 10/25/2021</div></div>

### Frequently Asked Questions

- How do I register with AHCA?
- Who is required to have a Fingerprint Check?
- 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.

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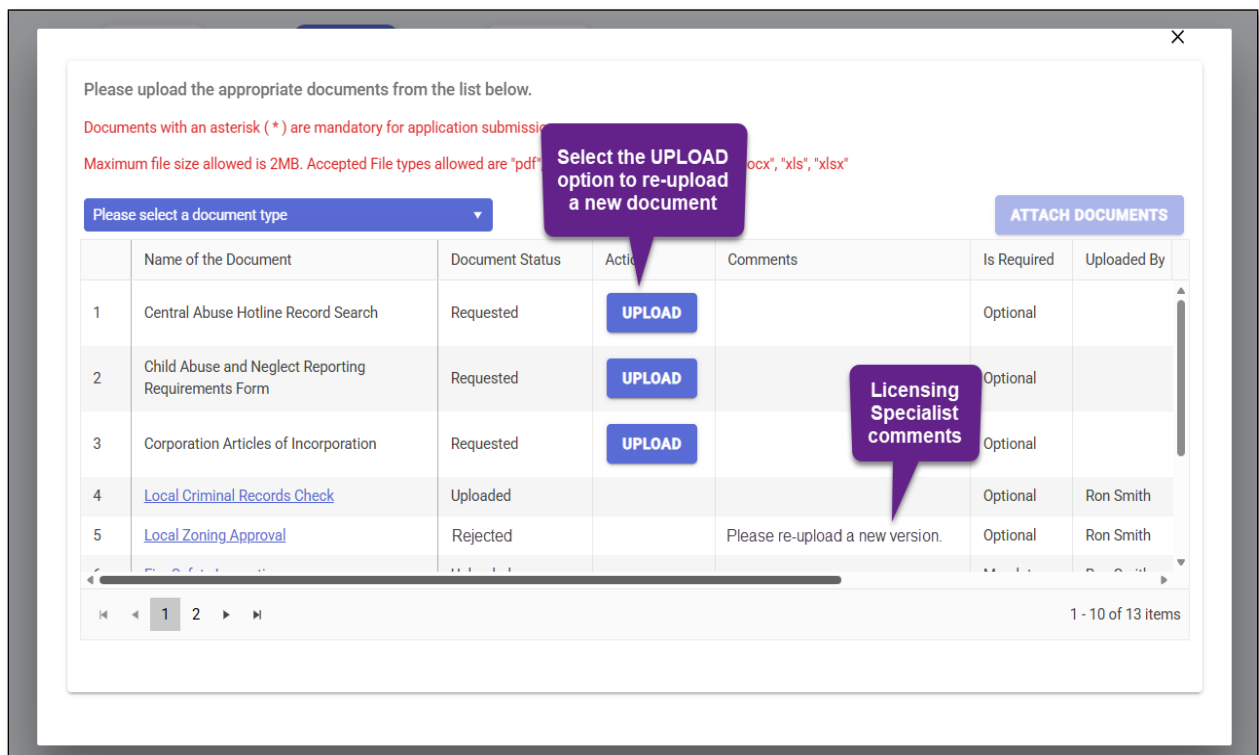
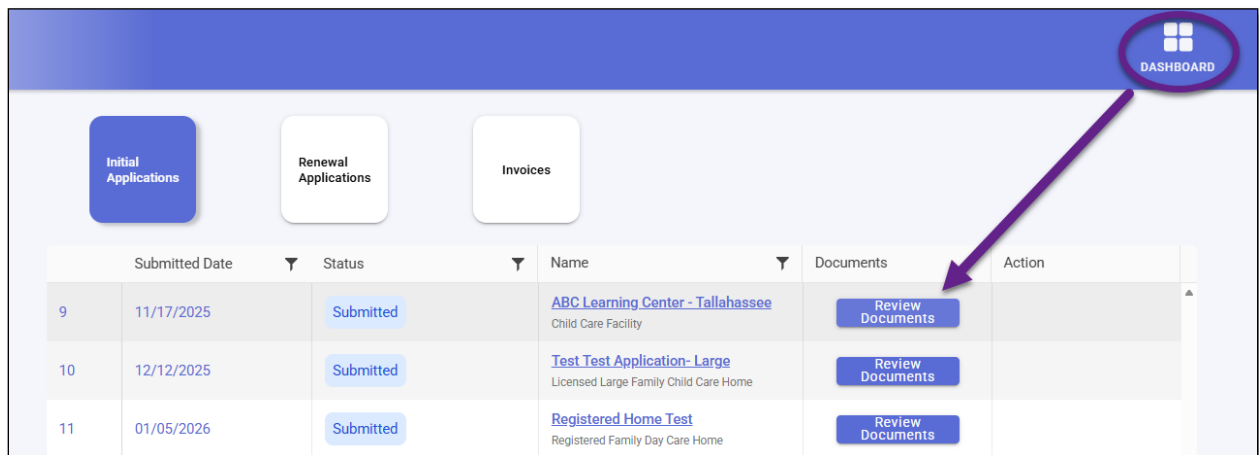
SUBMIT

## 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.



## 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.*

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

**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
<b>Total Due</b>	<b>\$50.00</b>

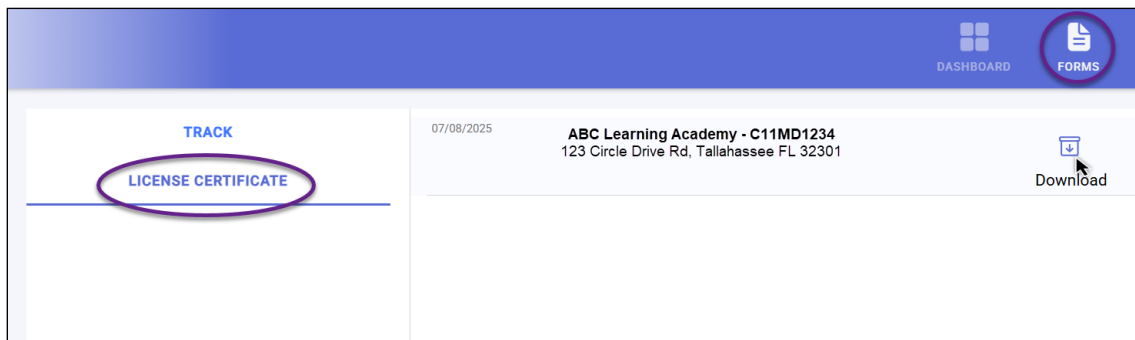
  
 Payment is due  
[PAY INVOICE](#)

## 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**



### ANNUAL LICENSE

## State of Florida

Department of Children and Families  
OFFICE OF LICENSING  
2383 Phillips Rd, Tallahassee, FL 32308  
850-778-4042

### Child Care Facility

### Certificate of License




**Name of Provider:** ABC Learning Academy

**License Number:** C11MD1234

**Certificate Number:** 27781

**County:** Leon

**Address:** 123 Circle Drive Rd

**Zip:** 32301

**City:** ABC Learning, INC

**Owner:**

The Department of Children and Families being satisfied that this Child Care Facility had complied with Chapter 65C-22, Florida Administrative Code, Child Care Facility Standards, adopted by the Department and authorized in sections 402.301-402.319, Florida Statutes, approves an ANNUAL LICENSE to operate this Child Care Facility.

**This certificate is effective 08/08/2025 through 08/07/2026**

This license may be revoked or suspended for cause.

**Maximum Licensed Capacity: 96**

#### HOURS OF OPERATION

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00AM	12:00AM	12:00AM	12:00AM	12:00AM	12:00AM	12:00AM
11:59PM	11:59PM	11:59PM	11:59PM	11:59PM	11:59PM	11:59PM

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