



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

Child Care Licensure Questionnaire

In order to assess the need for your program to be licensed as a "Child Care Facility," as required under s. 402.302(1), Florida Statutes, please complete all questions below. This questionnaire is not an application for a license to operate a child care program. The information provided in this questionnaire will be reviewed by the Department and the Office of Licensing will notify you of a determination.

INSTRUCTIONS FOR COMPLETION

1. Please type or print neatly.
2. If you operate programs that are identical at multiple sites, complete one questionnaire and attach a list of all site addresses.
3. If you operate several different program types, complete a separate questionnaire for each one.
4. Fill out all sections. If a section does not apply to your program, enter N/A.
5. Do not use acronyms or abbreviations.
6. Be sure to submit all additional documents as required. Failure to do so may delay the determination process.
7. Do not submit double sided documents.
8. Do not staple documents.

Program Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Mailing Address if different: _____ City: _____ Zip: _____

Name of Contact Person: _____ Title: _____

Telephone: _____ Email: _____

It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, for any person knowingly to: (a) Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment or licensure regulated under ss. 402.26 - 402.319 all information required under those sections or a material fact used in making a determination as to such person's qualifications to be child care personnel, as defined in s. 402.302, in a child care facility, family day care home, or other child care program. (b) Operate or attempt to operate a child care facility without having procured a license as required by this act.

OPERATIONAL INFORMATION

1. Is the program currently licensed or certified by any other agency, entity, or does it hold a religious exemption from licensure? If so, provide a copy of the current license or accreditation certificate. See s. 402.316, Florida Statutes.

_____ Yes (copy attached)

_____ No

2. a. Who operates the program (provides services to the children)?

_____ Public School

_____ Individual owner

_____ Non-public School

_____ Partnership – not incorporated

_____ Corporation or LLC

_____ Church

_____ Other (please provide specifics)

- b. What is the legal name of the entity indicated in 2A? _____

c. Is the operator affiliated with a national membership non-profit organization that was created for the purpose of providing youth service and youth development and holds membership in good standing that is certified by its national affiliate as complying with the organization's purpose, procedures, minimum standards, and mandatory requirements? If yes, please attach a copy of the program's certification of good standing.

_____ Yes (copy attached)

_____ No

3. Where is the program operated?

_____ Public School

Name of School _____

_____ Non-public school

Name of School _____

_____ Church

Name of Church _____

_____ Stand-alone building

_____ Building connected to other operations (strip mall, etc.)

_____ My home

_____ Other (please provide specifics) _____

4. If the program is operated by a school and is located on that school's grounds, do you serve children only from that school or also from surrounding schools?

_____ Only children regularly attending that school attend the program

_____ Both children regularly attending that school and children from surrounding schools attend the program

5. Is the program located on the grounds of a school but is operated by an entity other than the school?

_____ Yes

_____ No

- a. Do you have a written/formal agreement with the school/school district to provide the program (on behalf of the school) wherein the school/school district is named as the responsible party for the operation of the program? If so, please attach a copy.

_____ Yes

_____ No

6. How is the program funded? Check all that apply.

_____ Fee or tuition paid by parent

_____ Annual Membership Fee

_____ Grant (s) Source(s) of grant _____

_____ School Readiness

_____ Other (please provide specifics) _____

PROGRAM DESCRIPTION

7. What kind of program is being operated?

_____ Before school

_____ Afterschool

_____ Birth – 3 years

_____ Pre –K (3 and/or 4 year olds)

_____ Pre-K wraparound/extended day

_____ Day camp on out-of-school days

_____ Summer camp

_____ Indoor Recreation Center

_____ Drop-In Care

_____ Other (please specify) _____

8. When does the program operate?

_____ School Year Only

Mon	Tue	Wed	Thu	Fri	Sat	Sun

_____ to _____

_____ Summer Only

Mon	Tue	Wed	Thu	Fri	Sat	Sun

_____ to _____

_____ Year Round

Mon	Tue	Wed	Thu	Fri	Sat	Sun

_____ to _____

9. Number of hours per day children attend:

_____ Less than 1 hour _____ 1-2 hours _____ 2-4 hours _____ More than 4 hours

10. Indicate the **number** of children in each age group attending the program:

_____ Birth – 3 years

_____ 3 – 4 years (pre- kindergarten)

_____ VPK only

_____ Kindergarten – 5th grade

_____ 6th grade and up

_____ Other (provide specifics) _____

11. What types of activities does your program provide? Check all that apply:

_____ Arts/Crafts

_____ Games

_____ Homework assistance

_____ Music

_____ Outdoor Recreation/Play

_____ Personal Enrichment/Character Development

_____ Computer Lab

_____ Field Trips

_____ Other (please provide specifics) _____

12. Does the program have a single instructional/tutorial purpose and is that purpose the only service provided? If yes, please provide additional information below.

_____ Yes

_____ No

a. What skill(s) is the instruction focused on? _____

b. How long is a session time? _____

c. How many sessions can a child have in one day? _____

13. Does the program provide transportation directly or through a contract or agreement with an outside entity?

_____ Yes

_____ No

14. What type of transportation arrangements are utilized for the field trips, if applicable?

_____ Do not go on field trips

_____ Parents transport children

_____ Use our own vehicles

_____ Hire or contract for transportation

15. What type of food service is offered?

_____ No food or snacks provided

_____ Vending Machines available for children to purchase snacks

_____ Pre-packaged individual snacks and drinks only

_____ Participate in USDA Afterschool Meal Program

_____ Food/snacks are prepared (includes any heating/mixing foods and/or serving/storing food that requires refrigeration)

ATTENDANCE POLICY

15. Does the program assume responsibility for the supervision of the children?

_____ Yes

_____ No

16. Do the same children attend the program on a regular basis?

_____ Yes

_____ No

17. Do parents remain on the premises with the children at all times?

_____ Yes

_____ No

18. Are children permitted to enter and leave the program at any time without permission, prior arrangement, or adult supervision? If yes, please attach a copy of the policy that informs parents of this arrangement.

_____ Yes (copy attached) _____ No

19. Are parents/legal guardians required to sign children in and out of the program?

_____ Yes

_____ No

Provide a brief description of the program and attach brochures, advertisements, parent information sheets or other information.

Person completing questionnaire:

Name: _____

Title: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

Please return the completed questionnaire to:

HQW.Child.Care.Licensing@myflfamilies.com

Department of Children and Families

Office of Licensing

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