



CARES USER GUIDE

HOW TO APPLY ONLINE FOR A LARGE FAMILY CHILD CARE HOME LICENSE

INTRODUCTION

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

You must create a **CARES** account to begin the application process. If you do not have a **CARES** account, see the **How to Create a CARES Account** guide for instructions on how to create one.

Use this guide to help navigate through the application process for child care licensure with the Department of Children and Families.

Not sure where to begin?

Visit the [Department of Children & Families - Child Care - Laws & Requirements website](#) to view a list of available forms.

[Your local licensing counselor](#) is available to assist with any questions you may have regarding licensing requirements or the application process.

Are you subject to licensure?

Complete the [Child Care Licensing Questionnaire](#) to find out if you are required to be licensed with DCF.

The screenshot shows the Florida Department of Children and Families website. The main content area is titled "Child Care Laws and Requirements" and includes sections for Florida Statutes, Florida Administrative Code, Licensing Handbooks, and Classification Summaries. The left sidebar contains a "Child Care" menu with "Laws & Requirements" highlighted in a yellow box. An orange arrow points from this box to the main content area.

GETTING STARTED

Review the requirements for [Opening a Licensed Large Family Child Care Home](#) before you begin the online application process.

Once you are ready to fill out the online application, login in to **CARES** to access the large family child care home application.

- Enter your **Email** address
- Enter your **Password**
- Select **Log In**

CARES
Child Care Administration, Regulation
and Enforcement System

LOGIN

Email
doejohndoug@gmail.com

Password
.....

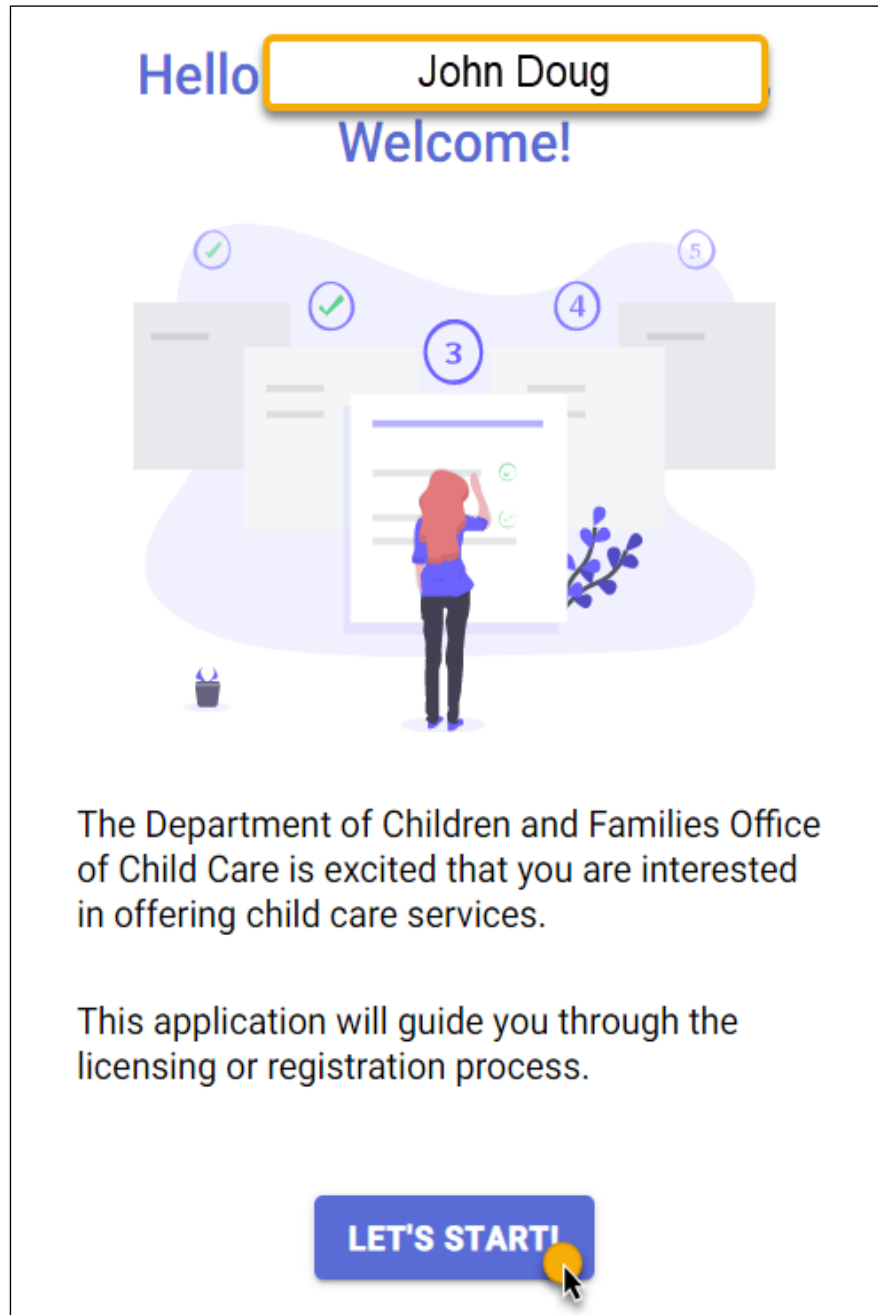
[Forgot Password?](#)

LOG IN

[CREATE ACCOUNT](#) [NEED HELP?](#)

If this is your first time applying for a large family child care home license, you will be greeted with a welcome page to begin the process.

- Select **Let's Start** to proceed.



The Department of Children and Families Office of Child Care is excited that you are interested in offering child care services.

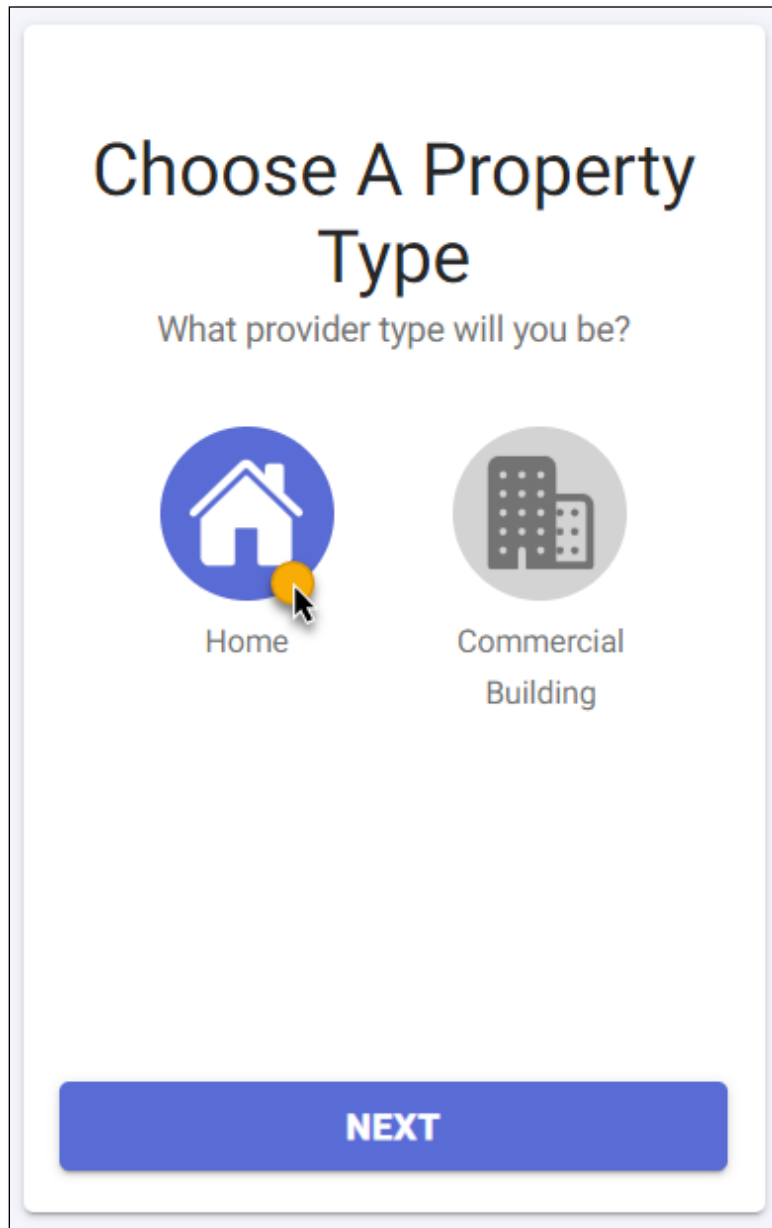
This application will guide you through the licensing or registration process.

LET'S START!

QUESTIONNAIRE

The application process begins with a **Questionnaire** consisting of three questions regarding your home.

Question 1: On the **Property Type** page, select Home.



The screenshot shows a digital form titled "Choose A Property Type" with the subtitle "What provider type will you be?". There are two options: "Home", represented by a blue circle with a white house icon and a yellow mouse cursor pointing to it, and "Commercial Building", represented by a grey circle with a grey building icon. At the bottom of the form is a blue button labeled "NEXT".

Question 2: On the **Zip Code** page, enter the **Zip Code** where your home is located.

Select **NEXT**.

Question 3: On the **Number of Children** page, select **10 or Less** as the number of children for whom you intend to provide care. Select **NEXT**.

2 ZIP Code

ZIP Code
32304

BACK NEXT

3 Children

How many children do you intend to provide care?

10 or Less More than 10

BACK NEXT

RECOMMENDATION

Base on your responses to the **Questionnaire**, the **Recommendation** page will display the appropriate application to use.

The **Recommendation** page also provides a summary of requirements that must be completed in order to be licensed. For more information on what is required, see [Opening a Licensed Large Family Child Care Home](#) for licensing requirements.

If you have questions regarding licensing requirements or the application, contact the **Licensing Contact** listed for your area. The **Licensing Contact** is displayed at the bottom of the **Recommendation** page.

To proceed to the application, select **APPLY NOW**.

Recommendation

- Child Abuse and Neglect Registry Checks
- Sex Offender Registry Checks
- Juvenile Screening
- Employment History Check
- Attestation of Good Moral Character
- Mandatory Child Abuse and Neglect Reporting Requirements
- Volunteer Acknowledgement

Training – All Child Care Personnel
All Child Care Personnel:

- 40 Hour Introductory Child Care Training ([See exception](#))
- 10 Hours Annual In-Service Training
- 5 hours of Early Literacy and Language Development Training ([See exception](#))

Staff Credentialing Requirement:

- Must have one credentialed Staff member for every 20 preschool age (0-5 yrs) children, starting from the 20th child. ([See exception](#))

For additional information regarding applying for licensure for a Child Care Facility, click here.

Licensing Office Contact

APPLY NOW

For further details, please contact:
Florida DCF
Angela Strumeyer
Supervisor

2505 W 15th St, Panama City FL, 32401
(850)461-0896

Angela.Strumeyer@myflfamilies.com
<https://myflfamilies.com/service-programs/child-care/>

WHO IS APPLYING?

On the **Applicant** page, select **one** option to indicate who is applying for the license.

- Select, “I am the owner and applicant,” if you are the owner of the large family child care home.
- Select, “I am the owner’s designated representative,” if you are the designated representative applying on behalf of the owner(s).

Once you have selected an option, select **NEXT: PROVIDER PROFILE**.

WELCOME PROVIDER BUSINESS HOURS SERVICES OWNERSHIP PEOPLE DOCUMENTS BACKGROUND C

Application for a license to operate a
Licensed Family Day Care Home

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

On the **Provider** page, enter your large family child care home details in the required fields.



- Enter the **Name** or **Doing Business As** of your large family child care home.

Name	Name of Business Abc Learning Center
	Doing Business As (Optional)

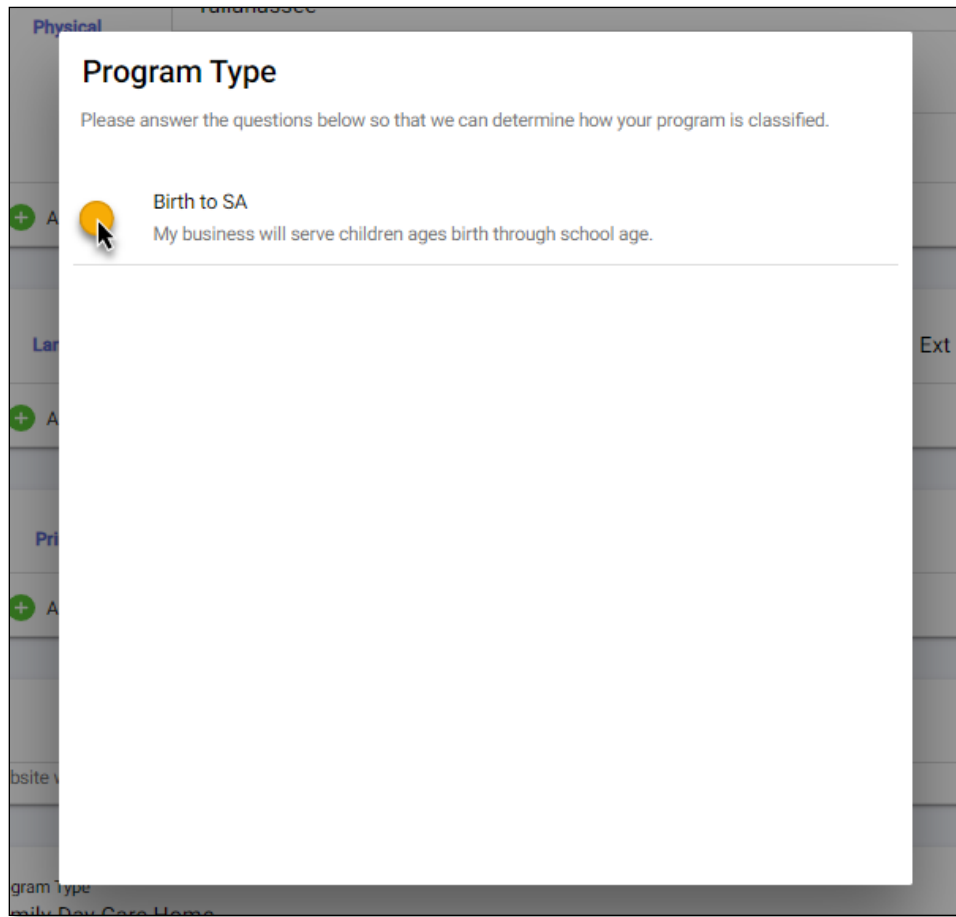
- Enter the **Physical Address** of your home. Select the **(+)** icon to add a **Mailing Address**, if the address is different from the **Physical Address**. Addresses will be verified to ensure accuracy based on SmartyStreets' recommendations. SmartyStreets is a USPS and international address validation service.
- Select Yes on the question- **Is the owner's house adjacent to the Physical Address?**

Address	Address 500 Appleyard Dr	
	City Tallahassee	
	State FL	ZIP Code 32304
	Leon ▾	
	<input checked="" type="radio"/> Add Mailing Address (if different from physical)	
Is the owner's house adjacent to the physical address?		
<input checked="" type="radio"/> Yes		
<input type="radio"/> No		
Note: If the house is adjacent to the business, the owner's family members must also clear background checks.		

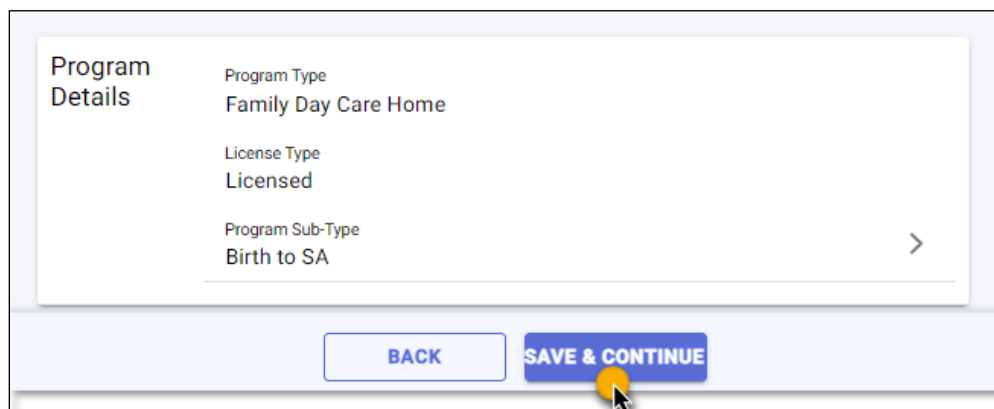
- Enter the **Landline** phone number. Select the (+) icon to provide additional phone numbers such as cell phone, work phone, or fax number.
- Enter the **Primary Email Address**. Select the (+) icon to provide additional email addresses.
- If you have a **website** for your business, enter the website's URL.

Phone	Landline	(555) 555-5555	Ext
 Add Phone (Optional)			
Email	Primary	abclearningcenter@gmail.com	
 Add Email (Optional)			
Website	www.acblearningcenter.com		
Website where people can find details about your services			

- On the **Program Sub-Type** section, select **Birth to SA**.



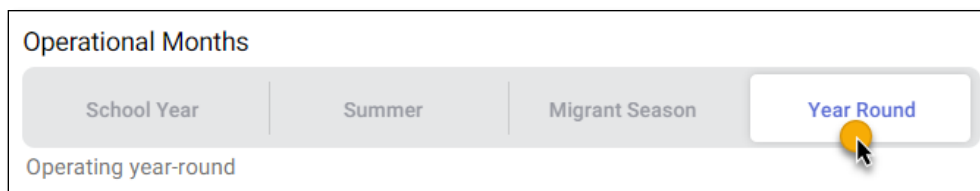
Once you have selected a **Program Sub-Type**, select **SAVE & CONTINUE**.



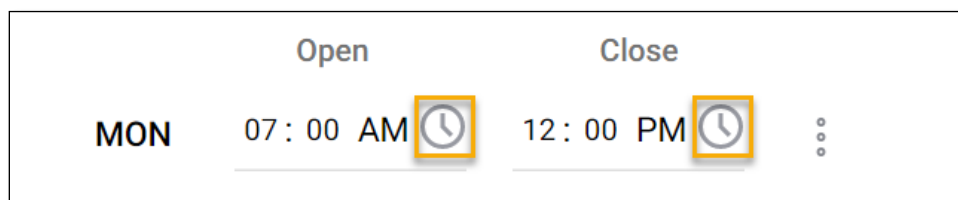
BUSINESS HOURS

On the **Business Hours** page, select one option for **Operational Months** to indicate when your large family child care home will be open.

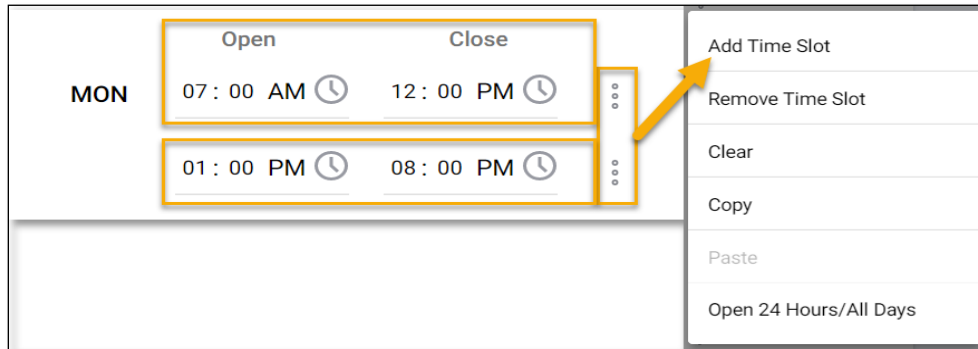
- Select **School Year**, if you will be open and serving children during the School Year only and fewer than 12 months.
- Select **Summer**, if you will be open and serving children during the Summer months only and fewer than 12 months.
- Select **Migrant Season**, if you will be open and serving children during a Seasonal period only and fewer than 12 months.
- Select **Year Round**, if you will be open and serving children year-round (12 months).



- Enter the operational hours of your large family child care home for each day. Use the clock icon or manually enter the open and close hours of your business.



- If your large family child care home opens and closes on different timeframes during the day, select the ellipsis next to the **Days and Hours** field and select **Add Time Slot**.



- If your large family child care home is closed on specific days, select the ellipsis next to the **Days and Hours** field and select **Remove Time Slot**.

Once you have entered your days and hours of operation, select **SAVE & CONTINUE**.













SERVICES

On the **Services** page, you must select at **least one** service you intend to provide from the available options.

- Toggle the icon to the right to indicate that you will be providing the service.

Once you have indicated the service(s) you intend to provide, select **SAVE & CONTINUE**.

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

OWNERSHIP

On the **Ownership** page, select **Incorporated** or **Unincorporated** as the **Incorporation Status** of your large family child care home.


Choose Incorporation Status

INCORPORATED **UNINCORPORATED**

Unincorporated business are not legally separate from its Owners.

If your business is **Incorporated** and registered with the [Department of State - Division of Corporations](#), enter the **Document Number** on the search bar and select **Search** to find the business details. If the business details are not found, manually enter the information.

Once you have entered the details, select **SAVE & CONTINUE**.



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 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

P0200000125649 

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	P0200000125649
Entity Name	Small World Day Care Preschool, Inc.
Primary Address	9041 Byron Ave, Surfside, FL 33154
Status	
Federal Employee ID (FEIN)	32-0013522
Business Type	Corporation
Main Phone	
Designated Representative	

BACK **SAVE & CONTINUE**

If your large family child care home is **Unincorporated**, select **Individual** as the **Ownership Type** and enter your information as the owner.

IMPORTANT NOTE: Partnership and Other Entity **do not apply** for large family child care home providers.


The screenshot shows two steps of the application process. On the left, a magnifying glass highlights a document titled 'Articles of Org' with the number 'L95800085934'. Below this is the question 'Who owns your business?'. On the right, the 'Choose Incorporation Status' section has two options: 'INCORPORATED' and 'UNINCORPORATED'. The 'UNINCORPORATED' option is selected and highlighted with a yellow box. Below this, the 'Choose Ownership Type' section has three options: 'Individual', 'Partnership', and 'Other Entity'. The 'Individual' option is selected and highlighted with a yellow box. Below the 'Individual' option, there is a note: 'An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.'

- Select the **Add Owner (+)** icon and provide your information on the **Person Detail** page.

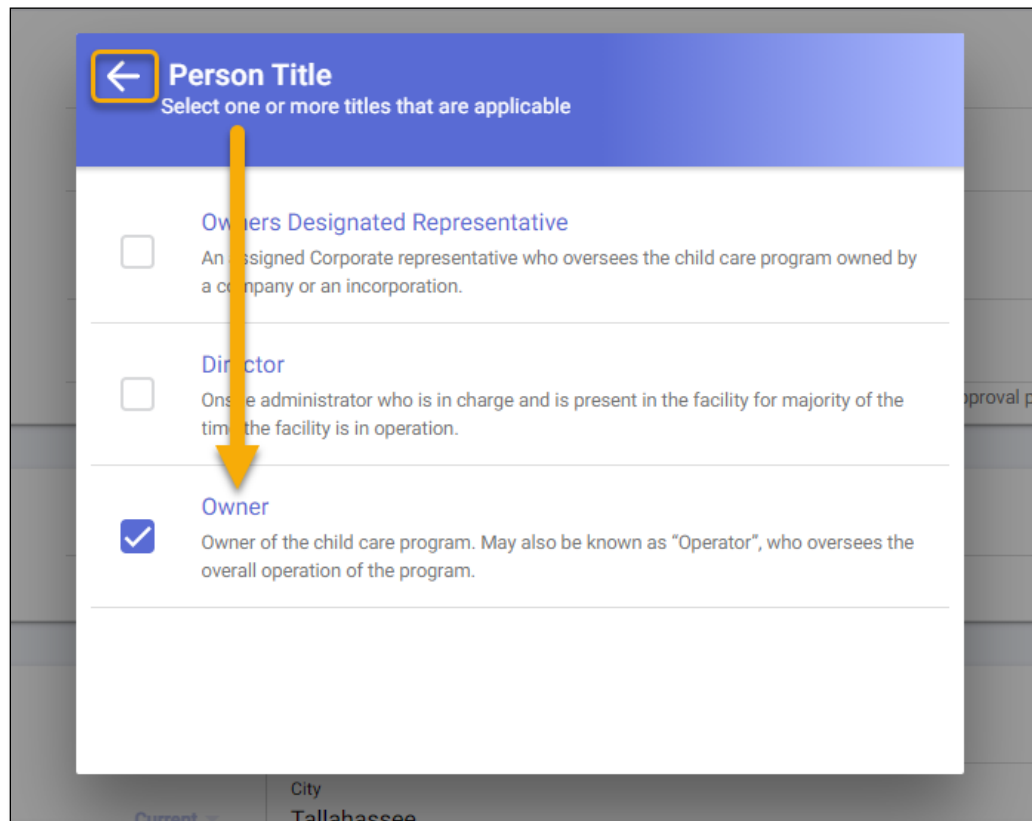
The screenshot shows the 'Choose Ownership Type' step with three options: 'Individual', 'Partnership', and 'Other Entity'. The 'Individual' option is selected. Below this, there is a note: 'An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.' Below the note, there is a list of owners. The first owner is 'Martha Lucille', with the title 'Owner' below her name. A yellow arrow points from the 'Martha Lucille' text to the '+ Add Owner' button. Below the list, there is a note: 'Choose the + button to add a new person as owner, (not listed in the above list)'. The '+ Add Owner' button is a blue rounded rectangle with a white plus sign and the text '+ Add Owner'.

On the **Person Detail** page, enter your information on the required fields.

- Enter your **First** and **Last** name
- Enter your **Date of Birth**
- Enter your **Social Security Number**

Name	Full Name	John Doug
	Previous Name(s)	
	Including maiden name. If more than one name, separate them with commas.	
	Date of Birth	12/22/1982 
	Social Security Number	000-00-0000
SSN is used for background screening purposes. Incorrect SSN will delay the verification and licensing approval process.		

- Select **Owner** as the **Person Title** and select the back arrow to return to the **Person Detail** page.



Person Title
Select one or more titles that are applicable

- Owners Designated Representative**
An assigned Corporate representative who oversees the child care program owned by a company or an incorporation.
- Director**
Onsite administrator who is in charge and is present in the facility for majority of the time the facility is in operation.
- Owner**
Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program.

City
Tallahassee

- Enter your **Phone** number. Select the plus (+) icon to provide additional phone numbers.
- Enter your **Email** address. Select the plus (+) icon to provide additional email addresses.

The screenshot shows two input sections. The top section is labeled 'Phone' and contains a 'Cell' type field with the value '(486) 456-4564'. Below this field is a green oval containing a plus sign icon and the text '+ Add Phone (Optional)'. The bottom section is labeled 'Email' and contains a 'Primary' type field with the value 'doejohndoug@gmail.com'. Below this field is a green oval containing a plus sign icon and the text '+ Add Email (Optional)'.

- Select **Yes** or **No**, if you have a child care training account with DCF.

IMPORTANT NOTE: You must complete your 30-hour required training before you can become licensed.

The screenshot shows the 'Training & Credentials' section. It includes a heading 'Training & Credentials' and a mandatory notice: 'It is mandatory that all required training must be completed before the application is approved. Please provide your Student ID issued by DCF.' Below this is a question 'Do you have a StudentID?' with an information icon. There are two radio button options: 'Yes' (unselected) and 'No' (selected). A note below the options reads 'I don't have a Student ID or don't remember it.' At the bottom of the form are two buttons: 'CANCEL' and 'SAVE'.

Once you have entered your ownership details, select **SAVE & CONTINUE**.

Choose Incorporation Status

INCORPORATED **UNINCORPORATED**

Unincorporated business are not legally separate from its Owners.

Choose Ownership Type

Individual Partnership Other Entity

An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.

Owner

Martha Lucille
Owner

Choose the + button to add a new person as owner, (not listed in the above list).

+

BACK **SAVE & CONTINUE ▶**

PEOPLE

You will use the **People** page to add household members, substitute, and employee(s), if applicable.

IMPORTANT NOTE: Individuals who are required to be background screened must have their background screening completed to apply. See [Opening a Licensed Large Family Child Care Home](#) for more information on background screening requirements.

- Select the **Add Person (+)** icon to add household members, substitute and employee(s) for your large family child care home.

The screenshot displays the 'People' management interface. On the left, a search bar is labeled 'Search Person'. Below it, a list of people is shown, with a yellow box highlighting the entries for Martha Lucille (Owner) and Suzie Lucille (Household Member). On the right, a detailed form for Martha Lucille is visible, containing the following information:

Name	Full Name Martha Lucille
	Previous Name(s)
	Date of Birth Nov 23, 1957
	Social Security Number ****4610
Role	Owner
	Is this person the applicant? Yes
Address	Current 3604 Deer Hill Trl Tallahassee, FL 32312
Phone	Cell (956) 586-5458
Email	yep@yep.com

At the bottom right of the form, there is a blue button with a plus sign and the text '+ Add Person'. A yellow arrow points from this button to the 'Add Person (+)' button located at the bottom right of the entire page. At the bottom of the page, there are two buttons: 'BACK' and 'SAVE & CONTINUE ►'.

On the **Person Detail** page, enter the person’s information in the required fields.

- Enter the person’s **First** and **Last** name
- Enter the person’s **Date of Birth**
- Enter the person’s **Social Security Number**

The screenshot shows a form titled "Name" with the following fields and values:

- Full Name:** John Doug
- Previous Name(s):** (empty)
- Date of Birth:** 12/22/1982
- Social Security Number:** 000-00-0000

Below the fields, there is a note: "SSN is used for background screening purposes. Incorrect SSN will delay the verification and licensing approval process."

- Select the person’s **Title** and select the back arrow to return to the **Person Detail** page. If the person has multiple **Titles**, select all that apply.

The screenshot shows the "Person Title" selection screen. At the top, there is a blue header with a back arrow and the text "Person Title" and "Select one or more titles that are applicable". Below the header, there are three title options:

- Owners Designated Representative:** An assigned Corporate representative who oversees the childcare program owned by a company or an incorporation. (Not selected)
- Household Member:** Someone who resides with the child care operator, if the facility is located in/adjacent to the home of the operator. (Selected with a checkmark)
- Owner:** Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program. (Not selected)
- Substitute for Owner:** A designated personnel who will take the responsibilities of the Owner when the Owner is absent or unavailable. (Not selected)

A yellow box highlights the "Household Member" option, and a yellow arrow points from the back arrow in the header to the "Household Member" option.

For the substitute and employee(s) enter their training information on the **Training & Credential** section.

- Enter the person’s (student) [DCF Child Care Training Account Student ID](#) in the search bar.
- Select **Search** to locate the person’s training information.

TRAINING NOT FOUND?

If the person’s training information cannot be found, ensure the **Student ID** number matches the number on the person’s [DCF Child Care Training Account](#).

If the number is correct and the information is still not found, contact the **Child Care Training Information Center** at 1 (888) 352-2842 for assistance.

- Select **SAVE** to return to the **People** page once you are done.

The screenshot displays the 'Training & Credentials' section of the CARES system. At the top, a message states: 'It is mandatory that all required training must be completed before the application is approved. Please provide your Student ID issued by DCF.' Below this, there is a form with a question: 'Do you have a StudentID?' with radio buttons for 'Yes' (selected) and 'No'. A link 'I don't have a Student ID or don't remember it.' is provided. Below the form is a search bar labeled 'Find By StudentID' containing the number '1162971'. A search icon is to the right of the search bar. Below the search bar, a message reads: 'This is an assigned number found on your Child Care Training account when you register with the Florida Department of Children and Families.' The search results show a list of training items: 'StudentID 1162971' with a downward arrow pointing to 'Director Credential', 'Staff Credential', '40 Hours Training', and 'Early Literacy Training'. At the bottom of the form, there are two buttons: 'CANCEL' and 'SAVE' (highlighted with a mouse cursor).

CARES USER GUIDE HOW TO APPLY ONLINE FOR A LARGE FAMILY CHILD CARE HOME LICENSE

Once all household members, substitute, and employee(s) are entered, select **SAVE & CONTINUE**.

The screenshot displays a web interface for managing household members. On the left, there is a search bar labeled "Search Person" and a list of members under the letter "M":

- Martha Lucille**, Owner (with edit and delete icons)
- Suzie Lucille**, Household Member

On the right, a detailed profile for Martha Lucille is shown with the following information:

- Name:** Full Name: Martha Lucille; Previous Name(s):
- Date of Birth:** Nov 23, 1957
- Social Security Number:** ****4610
- Role:** Owner; Is this person the applicant? Yes
- Address:** Current: 3604 Deer Hill Trl, Tallahassee, FL 32312
- Phone:** Cell: (956) 586-5458
- Email:** yep@yep.com

At the bottom right of the profile section is a blue button labeled "+ Add Person". At the bottom of the interface are two buttons: "BACK" and "SAVE & CONTINUE" with a right-pointing arrow. A mouse cursor is positioned over the "SAVE & CONTINUE" button.

DOCUMENTS

Each person entered on the **People** page must acknowledge the **Attestation of Good Moral Character**, **Child Abuse & Neglect Reporting** and the **Central Abuse Hotline Records Search** forms in order to proceed with the application process. These documents serve as part of the background screening process for licensure.

- Select the form to view the form details.
- Enter your **name** and the **date** it was reviewed and acknowledged.

Stacy Duggar | Attestation Of Good Moral Character
^

I, **Stacy Duggar** who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with **Early Learning Center**, affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

1. [Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct](#)
2. [Attempts, solicitation, and conspiracy](#)
3. [Adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse](#)

✔
My record does not contain any of the above listed offenses

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

Stacy Duggar

06/15/2021

Employment History- You must provide employment history on the **People** page. This can be done by completing the online form or by uploading employment history information.

- Select the **Employment History** form and provide your employment history.
- Enter the **Employment Start** and **End Date**, if applicable.
- Enter the previous employer’s name, address, phone and email as well as the position held and the supervisor information.
- Enter the reason for leaving along with a brief description of the job duties.

EMPLOYMENT HISTORY
List below all employment held during the previous 5 years which at a minimum must include the last three jobs

- ABC Academy (January 2020 - May 2021)
- Pineview Elementary (January 2016 - December 2020)

Attachments 0

Optional: Attach documents that supplement the employment history (Example: Reference letter, letter of appreciation etc.)

John Doug | January 2020 - May 2021

Employment Status
Employed

Period of Employment
January 2020 - May 2021

Employer Details

Name of Employer
ABC Academy

Position Held
Teacher

Address

Work
1403 Betton Rd
Tallahassee, FL 32308

Reason For Leaving

Reason For Leaving
Facility Closed

Job Duties
Created teaching plans.

Local Zoning Approval-If applicable, you may attest that you have Homeowners Association approval or approval from your Landlord to operate a large family child care in your home by uploading an approval document. You may also attest that you understand you are responsible for obtaining such approval by digitally signing the self-attestation.

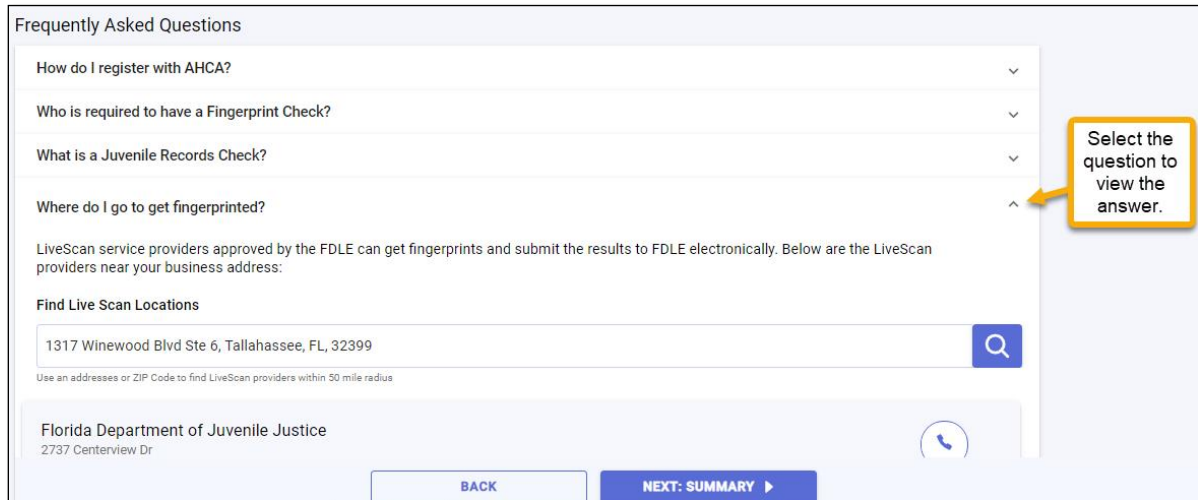
Once you have selected and completed one of the options, select the back arrow to return to the Documents page.

IMPORTANT NOTE: All forms must have a green check mark to move to the next section of the application.

BACKGROUND CHECK

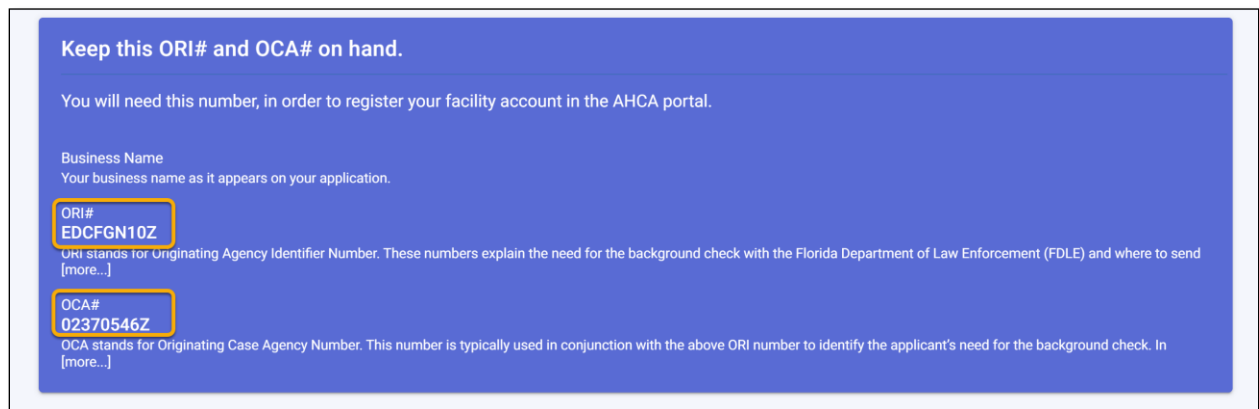
You must provide the background screening results on the **Background Check** page for each person required to be background screened.

The **Background Check** page provides answers to frequently asked questions regarding the background screening process and provides a list of locations where you can get fingerprinted.



The **Background Check** page also provides you with the ORI and OCA numbers needed to complete the background screening process for you, household members, substitute, and employee(s). You will need these numbers in order to register an account for your large family child care home using the **Agency for Health Care Administration’s** (AHCA) website and complete the background screening process.

For more information on Background Screening, see the [Background Screening Website](#) or call the Background Screening Center to speak to an agent.






Once you have the results for you, any household members, substitute, or employee(s), enter the background screening status and the completed date for each person listed.

Once you have entered the results for each person, select **NEXT: SUMMARY**.

Complete Level 2 Background Screening

The people in the list below must complete Level 2 Background Screening and enter status here. Please update the status of each person as appropriate. **This is required to submit the application.**

Fingerprint Status



✓	Martha Lucille Cleared 04/14/2020	
✓	John Doug Cleared 05/18/2021	
✓	Remonica Waller Cleared 05/18/2021	

APPLICATION REVIEW AND ACKNOWLEDGEMENT

Review the information entered on each section to ensure it is correct and complete.

IMPORTANT NOTE: You will not be able to proceed to the **Application Submission** page, if a section(s) is not complete.

If you need to edit a section, select the **Pencil** icon next to the section you wish to revise.

PROVIDER PROFILE  

Name of Business
Abc Learning Center

Doing Business as

Address

Main
500 Appleyard Dr, Tallahassee, FL 32304

In order to submit the application, you must first acknowledge that the information you have provided is true and correct to the best of your knowledge.

- Select the check box to acknowledge the message and select **SAVE & CONTINUE**.

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 licensure fee and all the required documentation, the Department has 90 days in which to act upon your application.

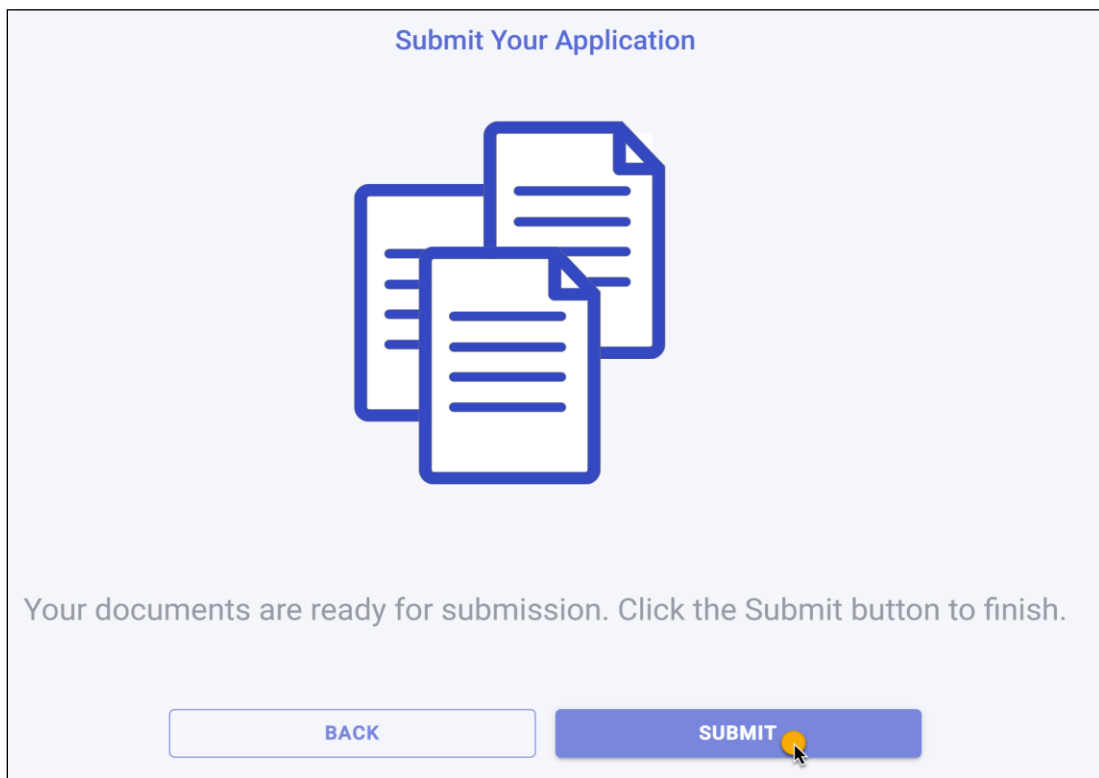
I certify that I have read the above paragraph. All information is truthful and correct to best of my knowledge.

BACK **SAVE & CONTINUE**

APPLICATION SUBMISSION & TRACKING

To submit the application to the licensing office in your area, select the **SUBMIT** option on the **Application Submission** page.

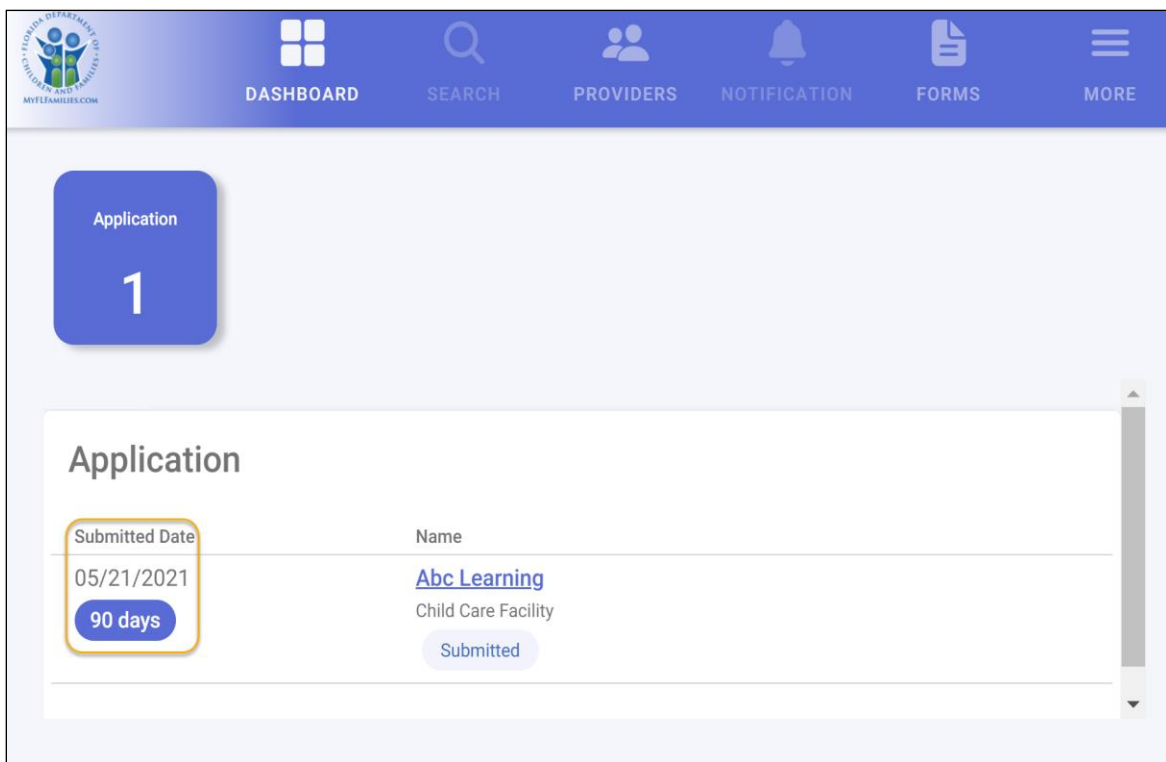
IMPORTANT NOTE: Once you submit your application, you **will not** be able to make any edits.



Once you have submitted your application, you will be able to track its progress from your account **Dashboard**.

The **Dashboard** displays the number of application(s) you have created, the date you submitted the application, the number of days it has been since you applied, and the application status.

If you have questions regarding the application process or your application status, contact the local licensing office and speak to a licensing counselor.



ONLINE PAYMENTS

Once your application is determined to be complete, the final step is to pay the licensure fee.

When the licensing office is ready for your payment, you will receive a notification that a payment is due.

To make a payment online with a credit/debit card, login into your CARES account and select the **PAY** option next to your application.

You will be routed to the **Invoice** page, which shows a summary of the amount due. To proceed, select **Pay Invoice**.

IMPORTANT NOTE: Online payment amounts include an automatic convenience fee of 1% of the total licensure amount due.

← Invoice

Invoice #10006
Invoice Date: 04/01/2021
Status: Due

Attention
Carl Wethers
Exempt Child Care Facility
DCF ID: C02GA5970
Wells@fargo.com

Carl Wethers, your application for a license to open a exempt child care facility has been approved. As a reminder, your license fee is due now. If you have any questions, please contact support@cares.com

DESCRIPTION	TOTAL
License Fee FY 2021-22	\$25.00
Total Due	\$25.00

! Payment is due

PAY INVOICE

Select the option to make a payment with debit/credit card.

Office of Child Care Florida

Review Your Order

Invoice Number
10006

Quantity	Item	Unit	Price
1	License Fee FY 2021-22	\$25.00 USD	25.00
		Fee USD	0.26
		Total USD	25.26

[« Return to Office of Child Care Florida](#)

Choose Payment Option

Enter the debit/credit card information in the required fields and select **Submit**.

Credit Card Payment

Cardholder Name
John Doug

Credit Card Number
1111223212122222

Expiry Date (MMYY)
1225

Security Code
123

CVV2 is the Visa term for the 3-digit security code on the back of the credit card. (For American Express, it is 4-digits and located on the front.)

Address
123 Main Ste

City
Tallahassee

State/Province
Florida ▼

ZIP/Postal Code
32301

Country
United States ▼

Email
doedougjohn@gmail.com

A confirmation email will be sent to this address.

Verification

✓
I'm not a robot

reCAPTCHA
Privacy - Terms

Submit

Once you submit your payment, you will receive a confirmation number along with an email confirming your payment is processed. Once your licensure fee payment is made, the licensing office will contact you regarding your large family child care home license.

