



CARES USER GUIDE

HOW TO APPLY ONLINE FOR A FAMILY DAY CARE HOME LICENSE

INTRODUCTION

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**).

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 the following sections:

- Florida Statutes**
 - Child Care Statutes, Sections 402.26 and 402.319, F.S.
 - Level 2 Screening Standards (Section 435.04, F.S.)
 - Licensing (Section 120.60, F.S.)
- Florida Administrative Code**
 - Family Day Care/Large Family Child Care Homes (Chapter 65C-20, F.A.C.)
 - Child Care Facility/Center (Chapter 65C-22, F.A.C.)
 - Mildly-Ill Child Care (Chapter 65C-25, F.A.C.)
 - Communicable Disease (Chapter 64D-3, F.A.C.)
- Licensing Handbooks**
 - Facility Handbook
 - Family Child Care Home Licensing Handbook
 - School Age Handbook
- Classification Summaries**
 - Child Care Facility
 - Licensed Family Day Care Home
 - Large Family Child Care Home
 - School-Age Facility
 - Specialized Child Care Facility for the Care of Mildly-Ill Children

GETTING STARTED

Review the requirements for [Opening a Licensed Family Day 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 family day 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
.....

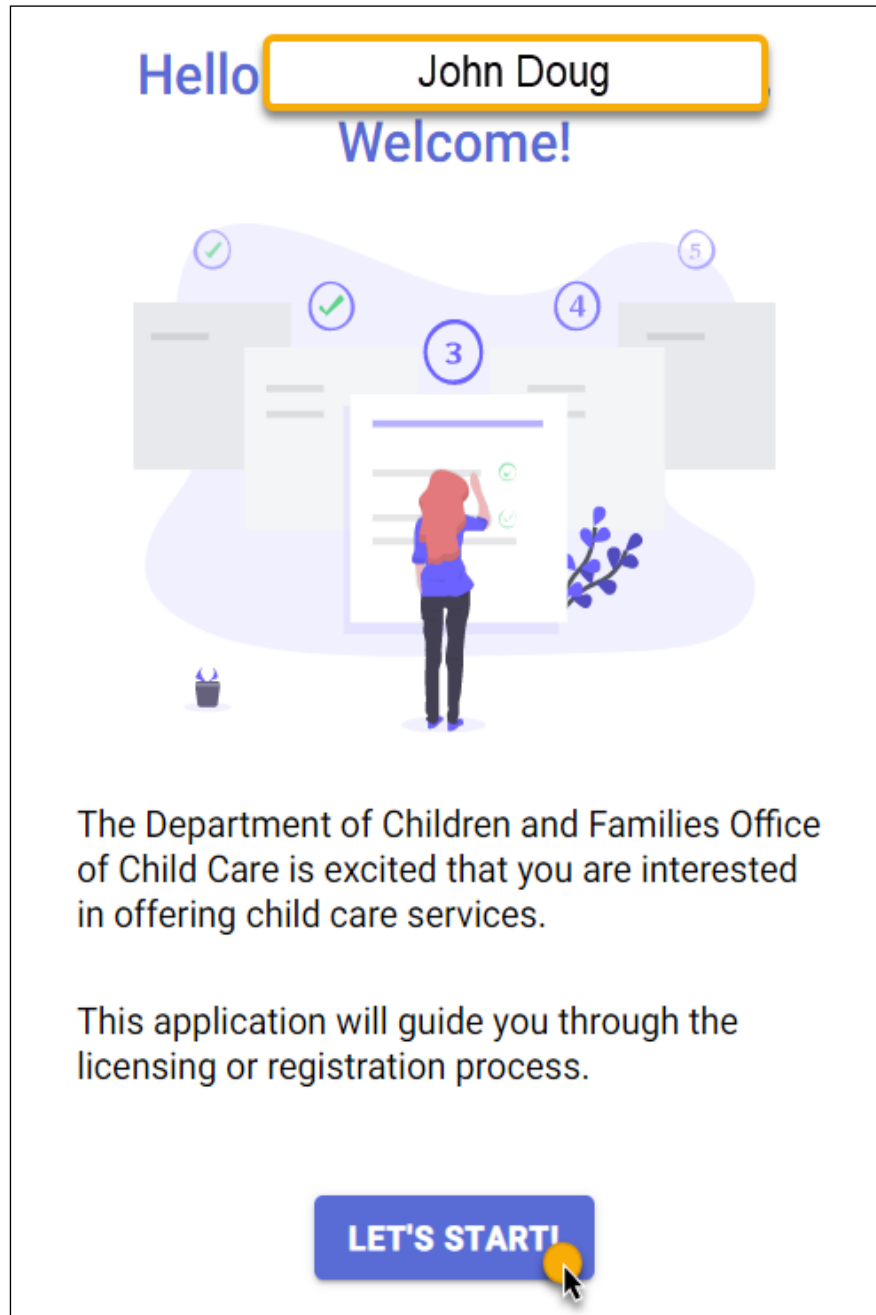
[Forgot Password?](#)

LOG IN

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

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

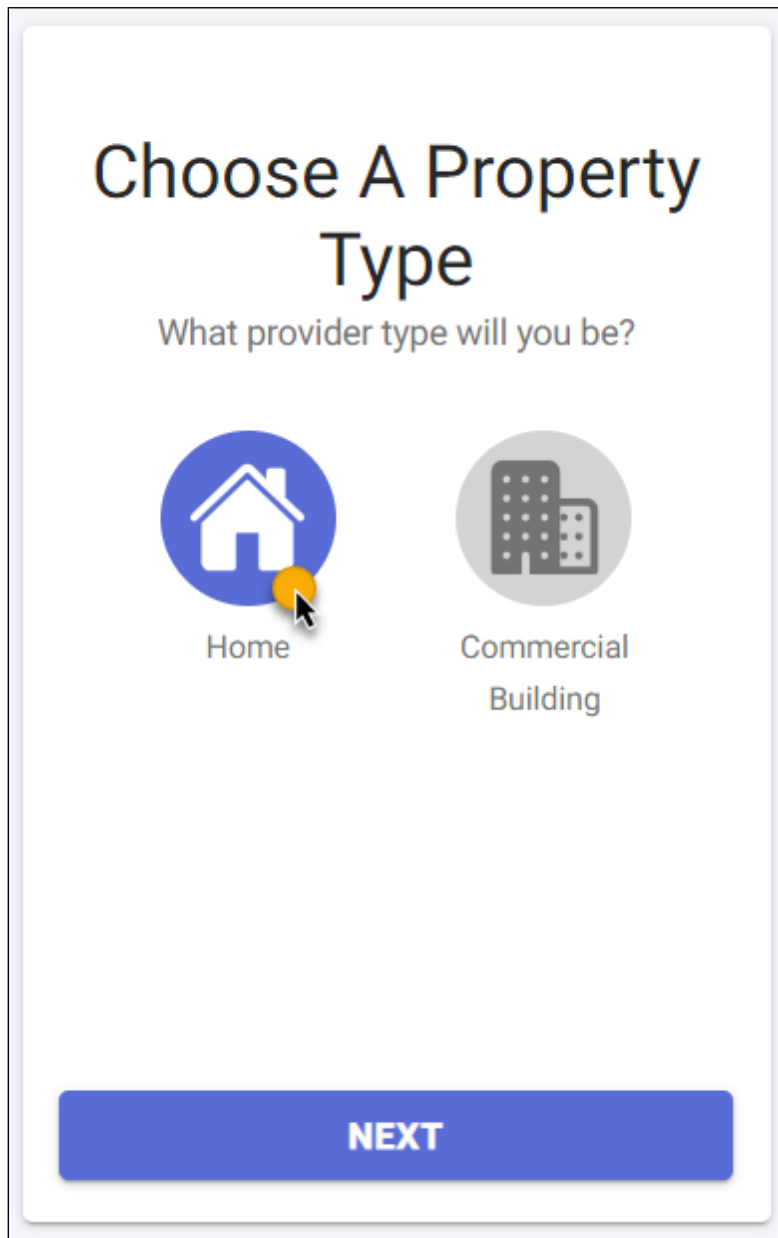
- Select **Let's Start** to proceed.



QUESTIONNAIRE

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

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



The screenshot shows a web interface for selecting a property type. At the top, the title "Choose A Property Type" is displayed in a large, dark font. Below the title is the question "What provider type will you be?". There are two options presented as circular icons with text labels below them. The first option is "Home", represented by a blue circle containing a white house icon; a yellow mouse cursor is pointing at this option. The second option is "Commercial Building", represented by a grey circle containing a grey building icon. At the bottom of the screen is a large blue button with the word "NEXT" in white capital letters.

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 for your family day care home.

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 Family Day 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

- Voluntary Prekindergarten Education Program (VPK)

Background Screening
All of the following people must complete a Level 2 Background Screening:

- Operator
- Substitutes
- Household Members that are 18 years of age or older.

Screenings to be completed:

- FBI/FDLE
- Out of State Criminal Record Check (if applicable)
- Child Abuse and Neglect Registry Checks
- Sex Offender Registry Checks
- Juvenile Screening for household members between the ages of 12 and 17
- Attestation of Good Moral Character
- Mandatory Child Abuse and Neglect Reporting Requirements

Training –Other Staff
Substitutes working more than 40 hours a month: 5 hours of training in Early Literacy and Language Development.
Substitutes working less than 40 hours a month: 6 Clock Hour Family Child Care Rules and Regulation. ([See exception](#))

For additional information regarding applying for licensure for a Family Day Care Home, click [here](#).

Licensing Office Contact **APPLY NOW**

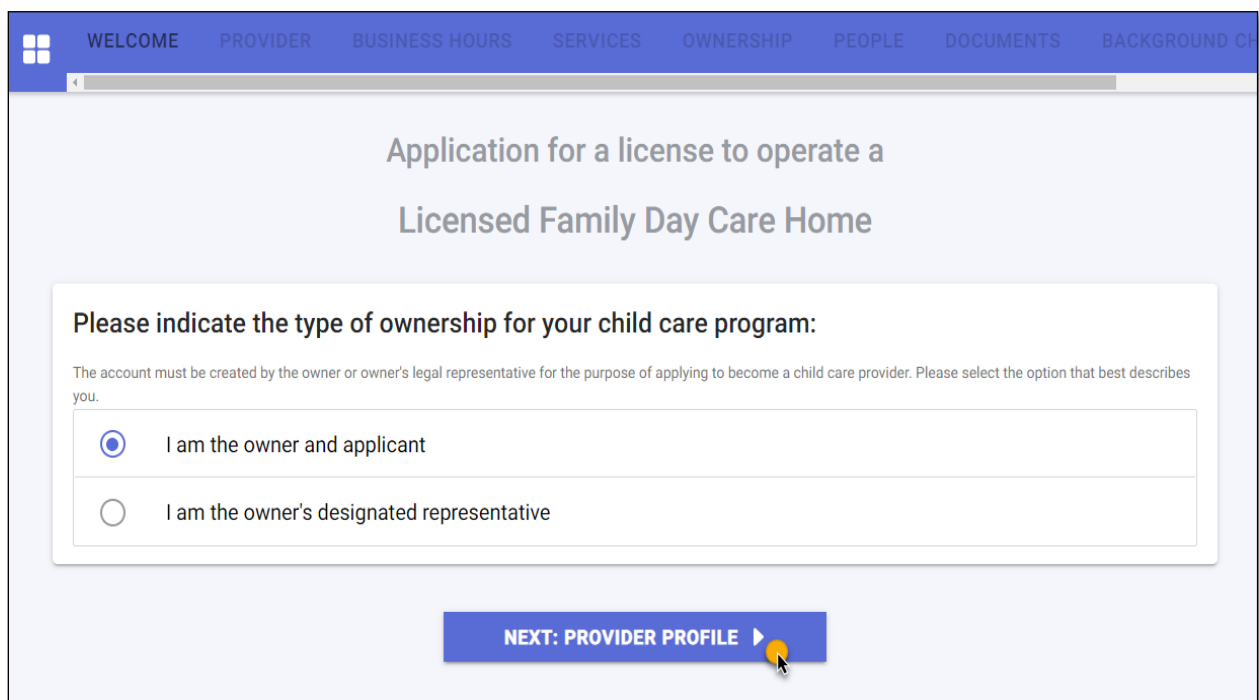
For further details, please contact:
Florida DCF
 👤 Angela Strumeyer 📍 2505 W 15th St, Panama City FL, 32401 ✉️ Angela.Strumeyer@myflfamilies.com
 Supervisor ☎️ (850)461-0896 🌐 <https://myflfamilies.com/services/child-family/child-care/>
 Program Office Contact:
Office of Child Care
 ☎️ (850) 488-4900

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 family day 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**.



The screenshot shows a web application interface. At the top, there is a blue navigation bar with a grid icon on the left and several menu items: WELCOME, PROVIDER, BUSINESS HOURS, SERVICES, OWNERSHIP, PEOPLE, DOCUMENTS, and BACKGROUND CHECKS. Below the navigation bar, the main content area has a light blue background. The title of the page is "Application for a license to operate a Licensed Family Day Care Home". Below the title, there is a white box containing the following text: "Please indicate the type of ownership for your child care program:". Underneath this text is a smaller line of text: "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." Below this text are two radio button options: "I am the owner and applicant" (which is selected) and "I am the owner's designated representative". At the bottom of the form, there is a blue button with the text "NEXT: PROVIDER PROFILE" and a right-pointing arrow. A mouse cursor is hovering over the button.

PROVIDER

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

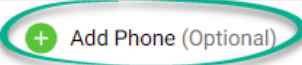
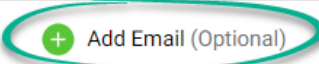
- Enter the **Name** or **Doing Business As** of your family day care home.

Name	<small>Name of Business</small> Abc Learning Center
	<small>Doing Business As (Optional)</small>

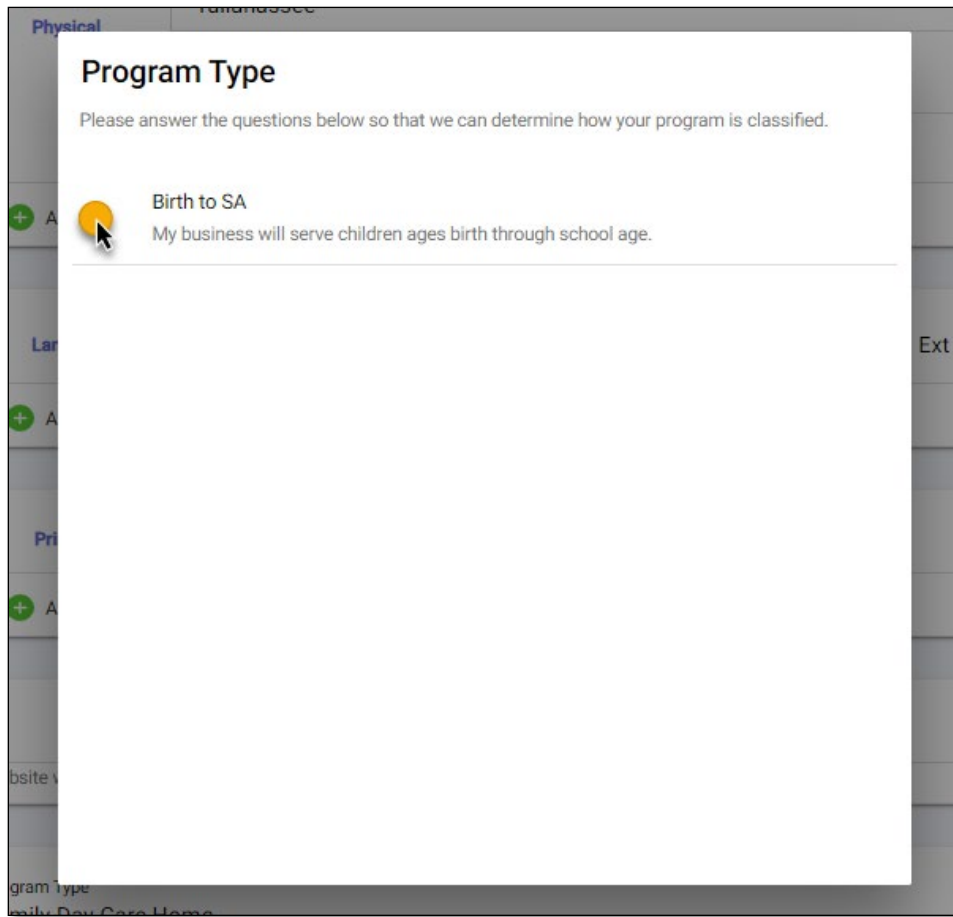
- Enter the **Physical Address** of your home. Select the **(+)** icon to add a **Mailing Address** if the address is different from the **Physical Address**. Addresses will be verified to ensure accuracy based on SmartyStreets’ recommendations. SmartyStreets is a USPS and international address validation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

Address	<small>Address</small> 500 Appleyard Dr	
	<small>City</small> Tallahassee	
	<small>State</small> FL	<small>ZIP Code</small> 32304
	Leon ▾	
	<div style="border: 2px solid green; border-radius: 50%; padding: 5px; display: inline-block;"> + Add Mailing Address (if different from physical) </div>	
Is the owner's house adjacent to the physical address?		
<input checked="" type="radio"/> Yes		
<input type="radio"/> No		
<small>Note: If the house is adjacent to the business, the owner's family members must also clear background checks.</small>		

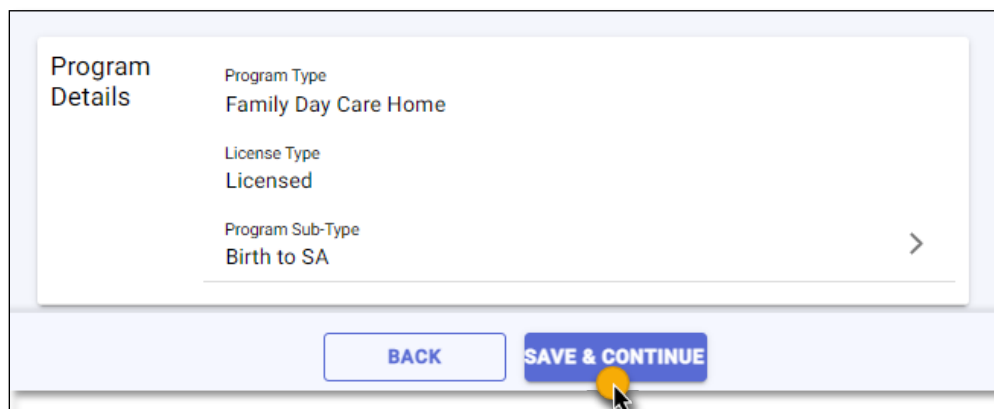
- Enter the **Landline** phone number. Select the (+) icon to provide additional phone numbers such as cell phone, work phone, or fax number.
- Enter the **Primary Email Address**. Select the (+) icon to provide additional email addresses.
- If you have a **website** for your business, enter the website's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

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

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



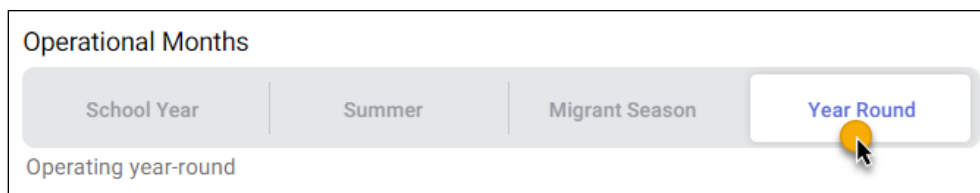
Once you have selected a **Program Sub-Type**, select **SAVE & CONTINUE**.



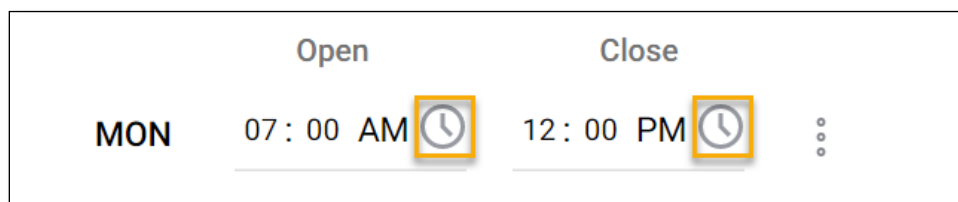
BUSINESS HOURS

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

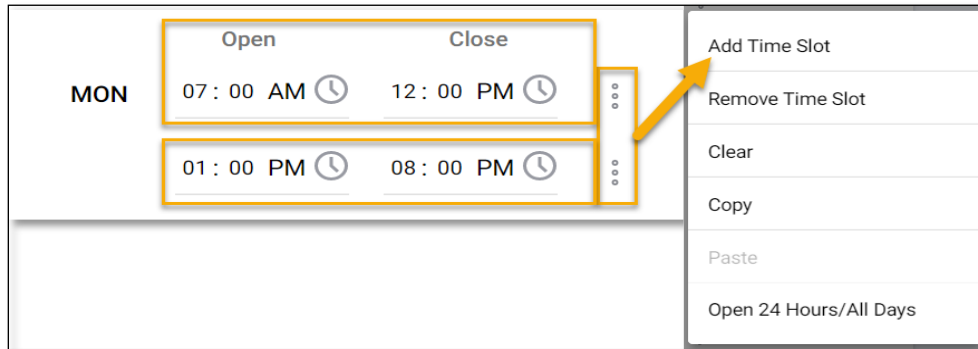
- Select **School Year**, if you will be open and serving children during the School Year only and fewer than 12 months.
- Select **Summer**, if you will be open and serving children during the Summer months only and fewer than 12 months.
- Select **Migrant Season**, if you will be open and serving children 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 family day care home for each day. Use the clock icon or manually enter the open and close hours of your business.



- If your family day 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 family day 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.

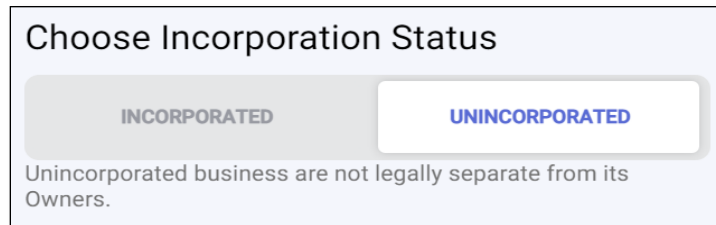
Once you have indicated the service(s) you intend to provide, select **SAVE & CONTINUE**.

 <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"/>

BACK
SAVE & CONTINUE ▶

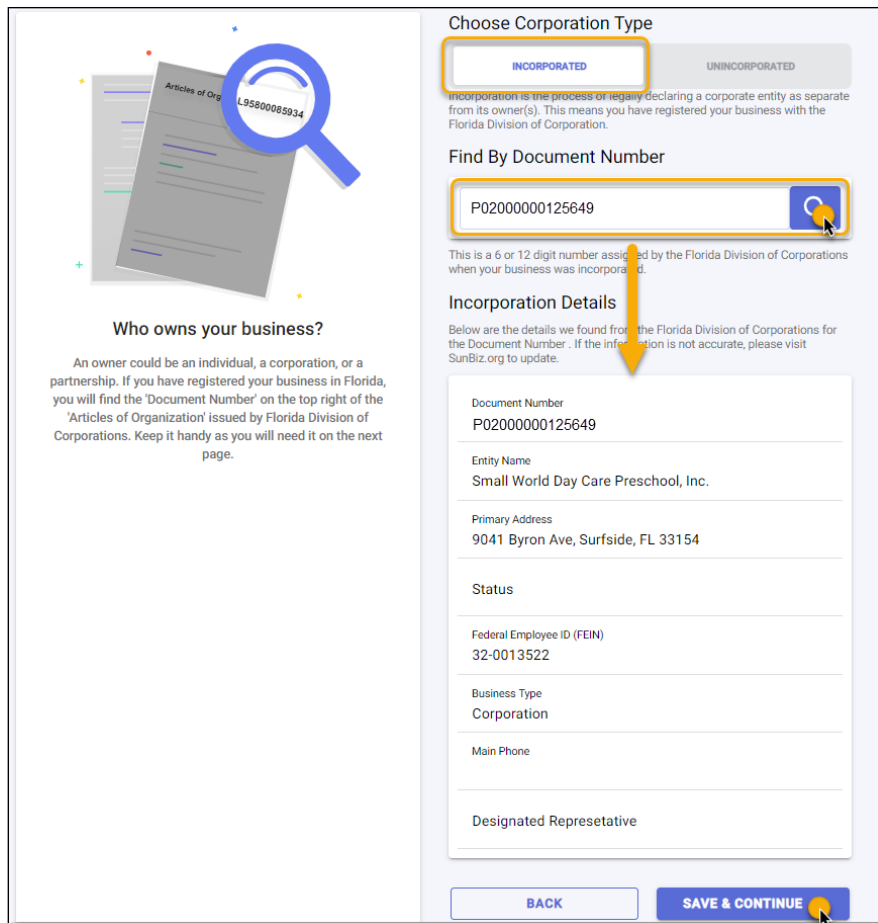
OWNERSHIP

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



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**.



If your family day 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 family day care home providers.


The screenshot shows two sections of the application interface. On the left, there is an illustration of documents with a magnifying glass over 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 buttons: 'INCORPORATED' and 'UNINCORPORATED'. The 'UNINCORPORATED' button is highlighted with an orange box. Below it, a note states: 'Unincorporated business are not legally separate from its Owners.' The 'Choose Ownership Type' section below has three options: 'Individual' (highlighted with an orange box), 'Partnership', and 'Other Entity'. Below these options, a note reads: '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.

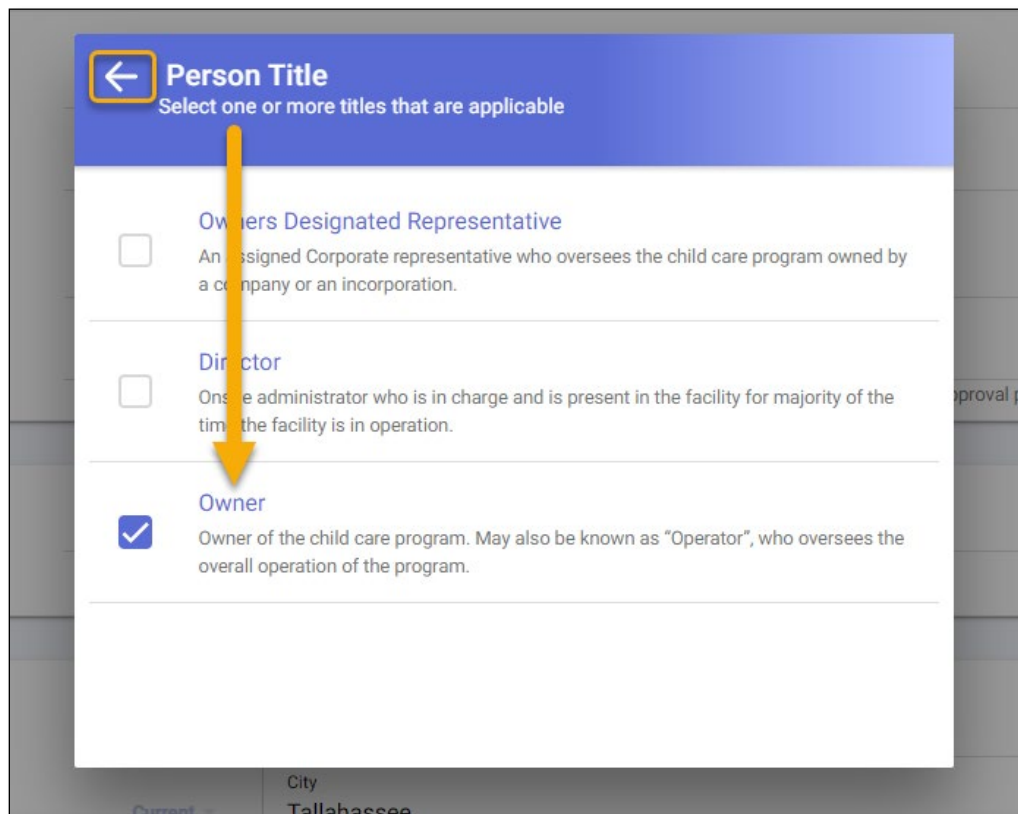
This screenshot shows the 'Choose Ownership Type' section in more detail. The 'Individual' option is selected and highlighted with an orange box. Below the options, the text reads: 'An Individual to operate under his/her legal name. This is also known as Sole Proprietorship.' Below this is a section titled 'Owner' containing a text input field with the name 'Martha Lucille' and the role 'Owner' below it. This entire section is enclosed in an orange box. A yellow arrow points from the 'Add Owner' button at the bottom right to the text input field. The 'Add Owner' button is a blue rounded rectangle with a white plus sign and the text '+ Add Owner'. Below the 'Owner' section, a note says: 'Choose the + button to add a new person as owner, (not listed in the above list).'

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

- 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.

Current
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 sections of the application form. The top section is titled 'Phone' and contains a dropdown menu set to 'Cell' and a text input field containing '(486) 456-4564'. Below these is a button with a green plus sign and the text '+ Add Phone (Optional)', which is circled in green. The bottom section is titled 'Email' and contains a dropdown menu set to 'Primary' and a text input field containing 'doejohndoug@gmail.com'. Below these is a button with a green plus sign and the text '+ Add Email (Optional)', which is also circled in green.

- 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 of the application form. It includes a heading 'Training & Credentials' and a paragraph stating: '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 link 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'. A mouse cursor is pointing at the 'SAVE' button.

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).

PEOPLE

You will use the **People** page to add household members and the **Substitute for the Owner**.


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

- Select the **Add Person (+)** icon to add household members and the **Substitute for the Owner** for your family day care home.

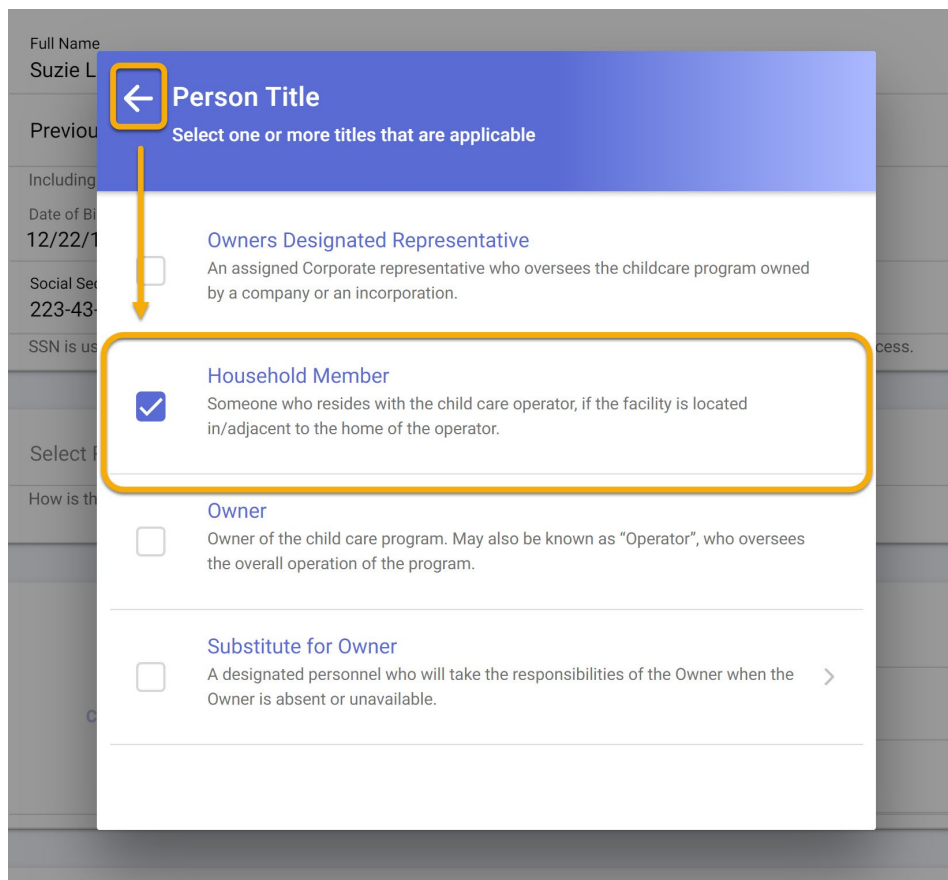
The screenshot displays the 'PEOPLE' page interface. On the left, there is a search bar labeled 'Search Person' and a list of people. The list is divided into two sections: 'M' and 'S'. Under 'M', there is an entry for 'Martha Lucille' with the role 'Owner'. Under 'S', there is an entry for 'Suzie Lucille' with the role 'Household Member'. On the right, there is a detailed view of the selected person, Martha Lucille. The details are organized into sections: '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), and 'Email' (yep@yep.com). At the bottom right of the detailed view, 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 in the bottom right corner of the page. At the bottom of the page, there are two buttons: 'BACK' and 'SAVE & CONTINUE >'. The 'SAVE & CONTINUE >' button is highlighted in blue.

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**

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

- 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.



Full Name
Suzie L

Previous

Including

Date of B
12/22/1

Social Se
223-43

SSN is us

Select

How is th

Person Title
Select one or more titles that are applicable

Owners Designated Representative
An assigned Corporate representative who oversees the childcare program owned by a company or an incorporation.

Household Member
Someone who resides with the child care operator, if the facility is located in/adjacent to the home of the operator.

Owner
Owner of the child care program. May also be known as "Operator", who oversees the overall operation of the program.

Substitute for Owner
A designated personnel who will take the responsibilities of the Owner when the Owner is absent or unavailable. >

For **Substitute for the Owner**:

- Enter the Substitute's training information in the **Training & Credentials** section.
- Enter the Substitute's (student) [DCF Child Care Training Account](#) **Student ID** in the search bar.
- Select **Search** to locate the Substitute'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 employee'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.

Training & Credentials

It is mandatory that all required training must be completed before the application is approved. Please provide your Student ID issued by DCF.

Do you have a StudentID? ⓘ

Yes

No

I don't have a Student ID or don't remember it.

Find By StudentID

1162971

This is an assigned number found on your Child Care Training account when you register with the Florida Department of Children and Families.

StudentID
1162971

↓

Director Credential

Staff Credential

40 Hours Training

Early Literacy Training

CANCEL SAVE

Once all household members and the Substitute’s information are entered, select **SAVE & CONTINUE**.

The screenshot displays a user interface for managing household members. On the left, a search bar is at the top, followed by a list of members under the letter 'M' and 'S'. The member list includes Martha Lucille (Owner) and 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 entire interface are two buttons: 'BACK' and 'SAVE & CONTINUE' with a right-pointing arrow. A mouse cursor is pointing at 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.

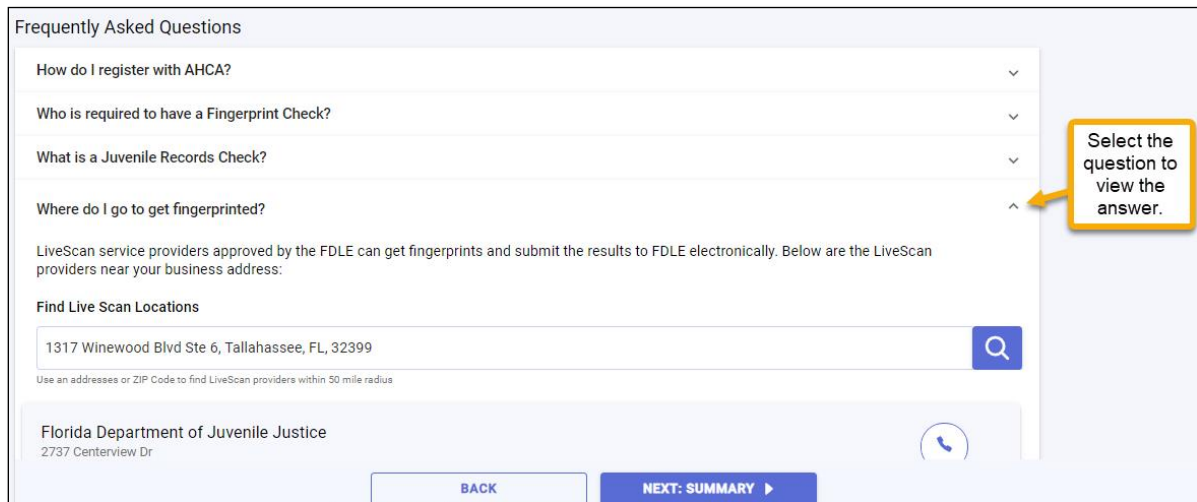
Once you have selected and completed one of the options, select the back arrow to return to the Documents page.

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

BACKGROUND CHECK

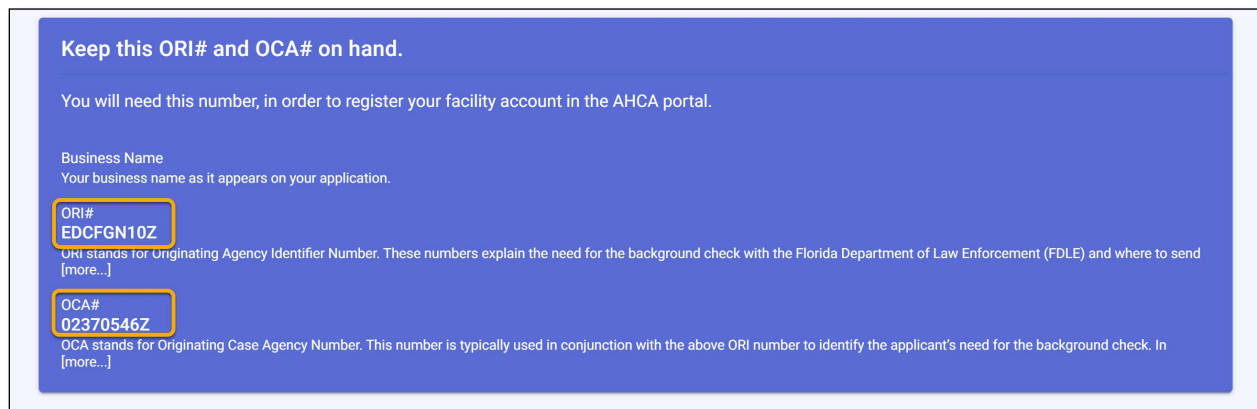
You must provide the background screening results on the **Background Check** page for each person required to be background screened.

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 and the substitute. You will need these numbers in order to register an account for your family day 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, and the Substitute, 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.

Once all sections are complete, select **SAVE & CONTINUE** for each section(s) you revised.

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.

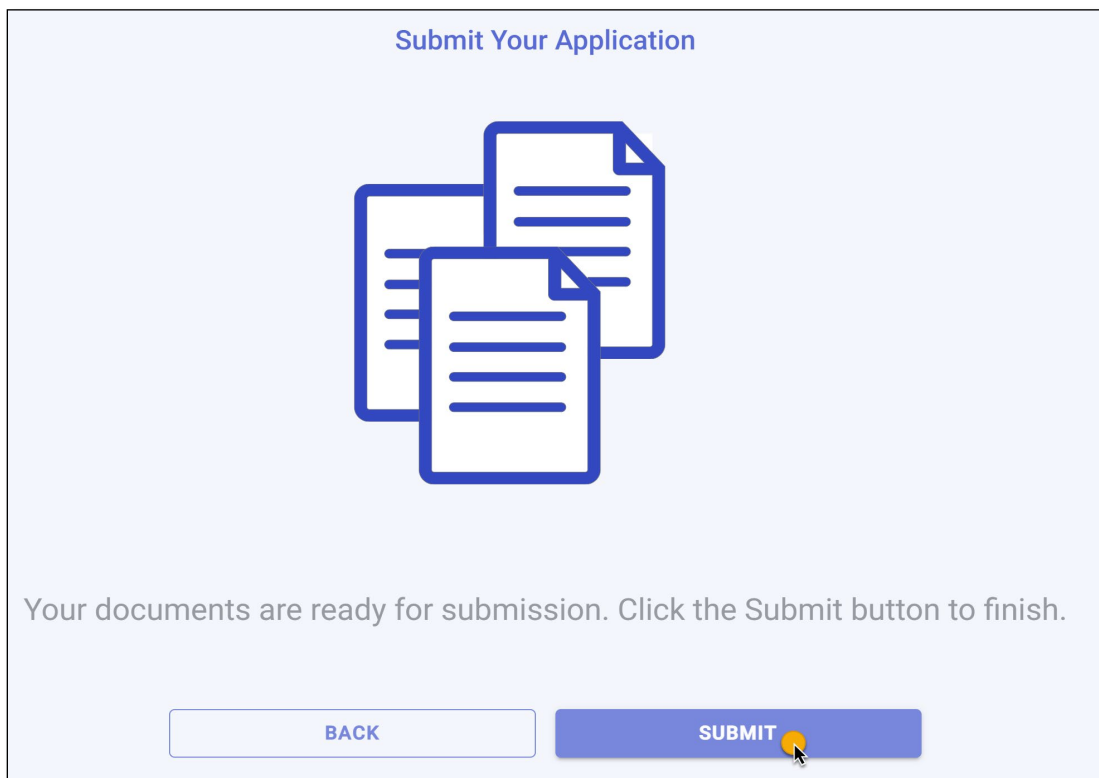
I certify that I have read the above paragraph. All information is truthful and correct to best of my knowledge.

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.

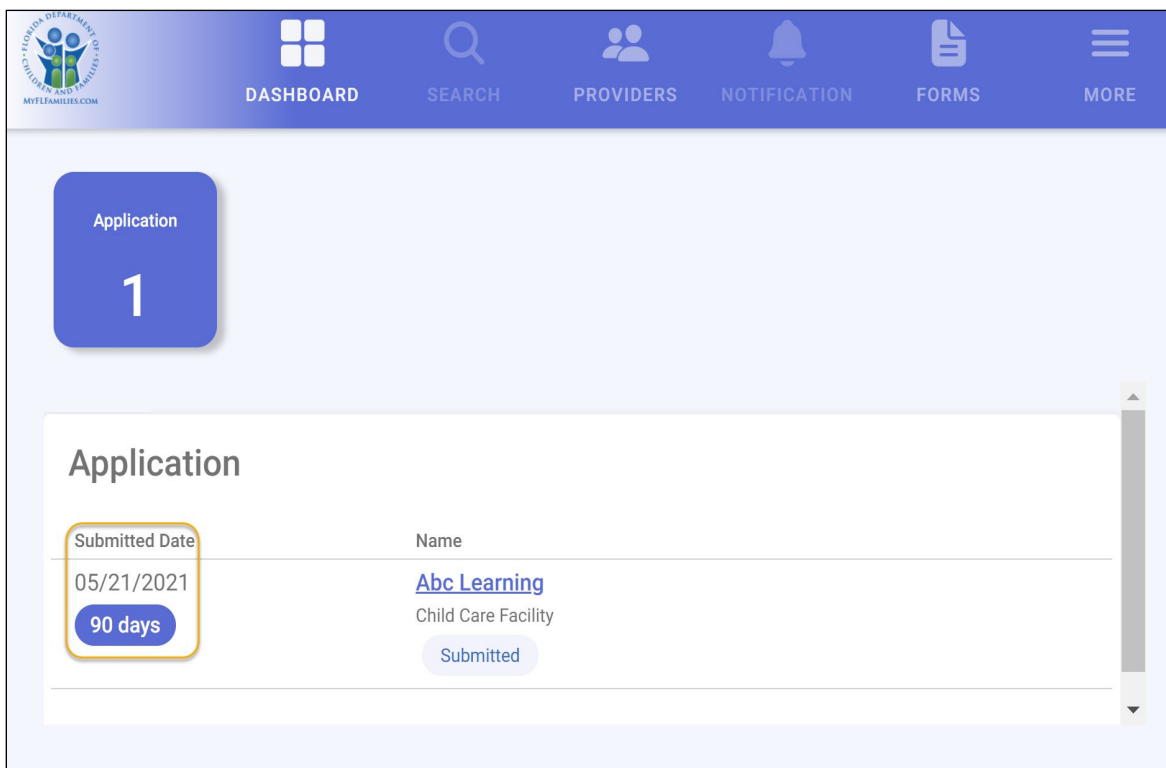
IMPORTANT NOTE: Once you submit your application, you **will not** be able to make any edits.



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. (Visa and MasterCard). 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 family day care home license.

