

**PALM BEACH COUNTY CHILD CARE ADVISORY COUNCIL- CCAC**  
**APPLICATION FOR LICENSE/CERTIFICATE OF COMPLIANCE CHECKLIST:**  
**Floor Plan & Site Plan Evaluation**

THE FOLLOWING STEPS ARE TO BE COMPLETED AS IN THE ORDER LISTED:

- ( ) 1. **Contact the Palm Beach County Health Department for consultation** on the application & plan review process, as well as for onsite consultation at the proposed location to be licensed. It is recommended that you review the facility file if the facility is already licensed as a child care facility.
- ( ) 2. **Submit to the Department 2 each of PROFESSIONAL QUALITY floor plan and site plan.** The **plans** for new or extensively renovated facilities must bear the approval stamp of the fire safety authority having jurisdiction.

The **floor plan** of the entire facility -- drawn to not less than 1/8" scale -- indicating exits, windows, essential equipment; and **site plan** of the proposed facility -- which shows the facility's location on the lot, adjacent streets, driveway, playground, fencing, etc., -- must be reviewed and approved by the Health Department (**see attached plan review checklist**).

- ( ) 3. **Following Plan Review & Approval** you will be contacted by Department staff for a **licensing inspection(s)**. Upon completion of the inspection(s), a copy of the inspection report will be provided for inclusion in your application packet as detailed below.

**BACKGROUND SCREENING**

SUBMIT REQUIRED DOCUMENTATION AT LEAST 6 WEEKS PRIOR TO THE CCAC MEETING TO ENSURE ADEQUATE TIME FOR PROCESSING

- ( ) 1. Notarized statements attesting to good moral character for owner and/or director of facility - **Attachment A**.
- ( ) 2. Evidence of having submitted a signed consent form for local criminal record check for owner and/or director of facility - **Attachment B, with applicable fee(s)**.
- ( ) 3. Notarized statement attesting that **fingerprint cards** and **Central Abuse Hotline Search Form (Attachment C)** have been submitted for owner of facility to the Department of Children & Families for processing - **Attachment D, with applicable fee(s)**.
- ( ) 4. Supplement to application: statement attesting to non-disciplinary action for owner and/or director of facility - **Attachment F**.
- ( ) 5. Supplement to application: two year employment history for owner and/or director and listing the name, address and phone number of the three persons submitting character reference - **Attachment G**.
- ( ) 6. **Three letters of character references**, for owner and/or director, two must be from persons not related to the owner/director.

*Please turn over*

## LICENSE/CERTIFICATE OF COMPLIANCE APPLICATION PACKET CHECKLIST

Applications, with all required documents must be received by the Health Department **at least two weeks prior** to the Child Care Advisory Council (CCAC) meeting in order to appear on the agenda. **Late applications and applications with incomplete or unacceptable documents will be deferred until the next scheduled meeting.** The CCAC requires **two packets** of material (1 original & 1 copy). Each application packet is to contain the following documents, and be arranged in numerical sequence as listed on the checklist below:

- ( ) 1. A **completed application form** notarized and signed by the appropriate **building, zoning and fire department officials**. These departments may have additional requirements to be satisfied prior to their sign-off on your application.
- ( ) 2. A copy of a **current satisfactory inspection report** made by the environmental health inspector and a copy of a **current satisfactory report** made by the public health nurse.
- ( ) 3. A **letter from your physician** stating that you are qualified to care for children and are free of tuberculosis as indicated by an approved TB Risk Assessment, skin test or chest X-ray administered within the preceding six months.
- ( ) 4. **Proof of ownership of the real property:** a copy of the property deed or a current tax bill will serve as proof of ownership. In addition, if applicable, **include a lease agreement and/or a management agreement.**
- ( ) 5. **Proof of corporate status and fictitious name documentation** where applicable.
- ( ) 6. **Certificate of liability and worker's compensation insurance** as required by the regulations of Palm Beach County, listing Palm Beach County Health Department as certificate holder (certificate of insurance may be obtained from the insurance company).
- ( ) 7. A copy of the **Florida Director Credential Certificate**, for facility director.
- ( ) 8. **Two each of PROFESSIONAL QUALITY floor plan and site plan approved and stamped by the Department.** The **plans** for new or extensively renovated facilities must bear the approval stamp of the fire safety authority having jurisdiction.

If you have any questions concerning this process of approval or required documentation, please do not hesitate to contact the appropriate Health Department Supervisors or Daycare Licensing Staff:

North & Central Area	561-355-3018
South Area	561-274-3187
Glades Area	561-996-1633

