



**PINELLAS COUNTY LICENSE BOARD for
CHILDREN'S CENTERS AND FAMILY DAY CARE HOMES
Intent to Operate a Middle School Compliant Program**

Middle School Program Name:

Director's Name:

Facility Address:

Mailing Address (If different):

Contact Person phone: Fax: E-Mail:

Operating Hours:
Open: Days of Week Open: Months of Year Open:
Close:

Scheduled Holidays: (use separate piece of paper if needed)

I have a copy, have read, understand and will comply with the Substantial Compliance Inspection requirements.

I am aware that records maintained by the Pinellas County License Board are public records pursuant to Chapter 119, Florida Statutes. In addition, any records related to the Certificate of Substantial Compliance will be shared with the Juvenile Welfare Board.

I agree to notify the Pinellas County License Board of any contemplated operational change, which would affect the information in this application.

I verify that the building(s) housing the program conforms to the building, electrical and codes of the local authority with whose jurisdiction the program is located.

I verify that all employees have met background screening requirements. **Attach Clearinghouse roster.**

I permit the Pinellas County License Board access to the premises, the children, the staff and all records pertaining to the operation of the program. Pinellas County License Board has the right to revoke a Certificate of Substantial Compliance if standards are not met as determined in the sole discretion of Pinellas County License Board.

RESPONSIBLE PARTY SIGNATURE

DATE

Inspection Instructions

Illustrate or describe where your program is, in relation to the campus you are located at. Please also give any special instructions for check-in, entry or parking that may be necessary to access your program.