



## Family Home and Center Child Care License or Certification Application

DCYF use:  
Provider ID#

1. Type of License: <input type="checkbox"/> Family Home <input type="checkbox"/> Child Care Center		2. Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Certification <input type="checkbox"/> Other		
<b>Applicant(s) Information</b>				
3. Applicant Name (Agency/Parent Corporation, Organization) (If an Individual, list Last name, First name, Middle Initial)				
4. Other Names Applicant Has Been Known By (Last name, First name, Middle Initial)				
5. Co-Applicant Name, if applicable (Last name, First name, Middle Initial)				
6. Other Names Co-Applicant Has Been Known By (Last name, First name, Middle Initial)				
7. Mailing Address		City	County	State      Zip Code
8. Telephone Number	9. Fax Number	10. Email Address		
11. Type of Organization:				
<input type="checkbox"/> Government agency <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Indian Tribe <input type="checkbox"/> LLC filing as sole proprietor <input type="checkbox"/> LLC filing as corporation <input type="checkbox"/> LLC filing as partnership				
12. Social Security Number (SSN)		Employee Identification Number (EIN), if applicant plans to hire staff		Individual Taxpayer Identification Number (ITINF), if applicable
13. Has the applicant or co-applicant been denied a license to care for children or adults? If yes, attach an explanatory statement.				<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has the applicant or co-applicant had a license to care for children or adults suspended or revoked? If yes, attach an explanatory statement.				<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has the applicant or co-applicant been previously licensed or certified to provide child care? If yes, indicate by what name and where:				<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the applicant or co-applicant currently licensed or certified to care for children or adults by DCYF or another entity? If yes, indicate by who and where:				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Care Program Information</b>				
17. Child Care Program Name (Doing Business As) if different than Line 3				
18. Physical Address of Child Care Program		City	County	State      Zip Code
19. Mailing Address of Child Care Program		City	County	State      Zip Code
20. Telephone Number	21. Fax Number	22. Email Address		
23. Is this child care program facility located on Tribal land? If yes, indicate which Tribe?				<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Which local zoning, planning, or building code agencies have responsibility where this child care program facility is located?				

25. For center applicant, list the date your facility will be ready for State Fire Marshal inspection?

26. List the child care program's days and hours of operation, including closure dates and holiday observances

27. How many children would you like to be licensed to care for? \_\_\_\_\_ Child ages preferred? \_\_\_\_\_ to \_\_\_\_\_

28. Who should DCYF contact to schedule the licensing inspection? \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Primary/preferred language? \_\_\_\_\_ Secondary language? \_\_\_\_\_  
 I request that DCYF access interpreter services, at no cost to me, when they speak with me.  Yes  No

29. Directions to this child care program facility

**30. Family Home Child Care Applicant Only: Complete This Section**

List All Persons Living in Household, including yourself (attach another page if needed)

Name	Birthdate	Relationship to Applicant(s)	Name	Birthdate	Relationship to Applicant(s)

List Staff and Volunteers, including yourself (attach another page if needed)

Name	Position Title (lead teacher, assistant teacher, aide, volunteer, etc.)	Name	Position Title (lead teacher, assistant teacher, aide, volunteer, etc.)



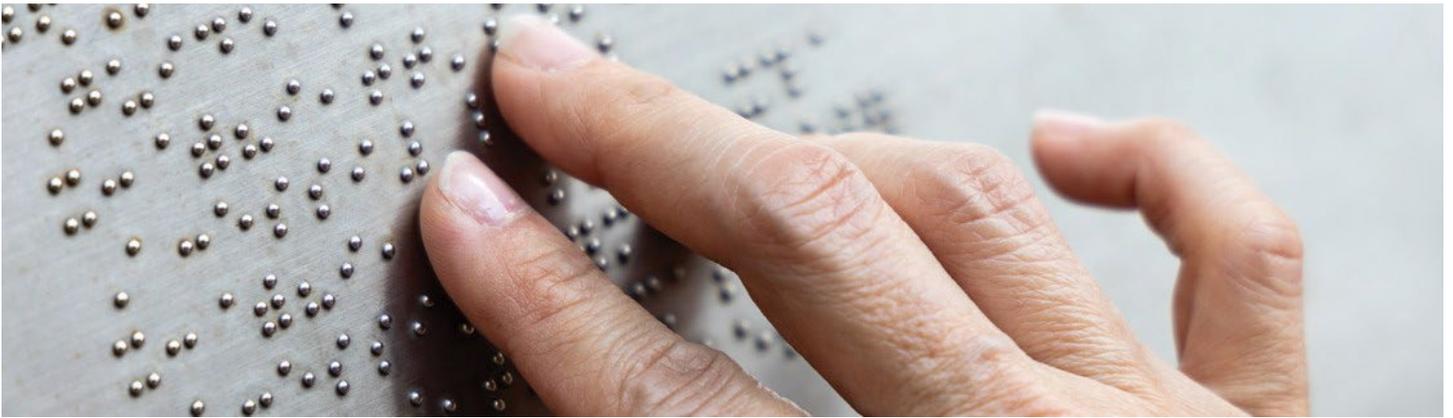
## Complete Application Packet Includes These Documents

**Important!** In order for DCYF to process an application packet, the application form must be completed, dated and signed by the applicant(s), and the following applicable documents submitted. If the form is not filled out completely and/or required applicable documents are missing, the application packet is considered incomplete and cannot be processed. When a complete application packet is received, the department will contact the applicant to schedule a licensing inspection. The Department of Children, Youth, and Families (DCYF) has 90 days from receipt of a complete application packet to issue or deny a license.

A complete application packet shall include the following documents:

- Completed, signed and dated Family Home and Center Child Care License or Certification Application form
- Copy of applicant's current government issued photo identification
- Copy of applicant's Social Security card or sworn declaration stating that the applicant does not have one
- Copy of applicant's orientation certificate (orientation must be taken within twelve months of license application)
- Applicant's employment and education verification. For example, diploma, transcript or sworn declaration stating applicant can't verify education requirements
- Copy of resume for the applicant, and if applicable: Child Care Center director, assistant director, program supervisor, and Family Home lead teacher
- Copy of floor plan of the home or center, including use of proposed licensed and unlicensed space, with identified emergency exits and emergency exit pathways (a simple sketch is sufficient)
- Copy of Certificate of Occupancy (Child Care Center only)
- If applicable, copy of Washington state business license or a Tribal, county or city business or occupation license. Proof of Employer Identification Number (EIN), if applicant plans to hire staff Proof of Individual Taxpayer Identification Number (ITIN), if applicable.
- Liability insurance (see RCW 43.216.700)
  - Family Home Child Care: Proof of liability insurance or written notice of insurance status.
  - Child Care Center: Proof of liability insurance
- If applicable, Certificate of Incorporation, partnership agreement, or similar business organization document
- If applicable, documentation, no more than three years old, from a licensed inspector, septic designer, or engineer that states the septic system and drain field are maintained and in working order
- If applicable, E. coli bacteria and nitrate testing results for well water that is no more that twelve months old application
- Lead and copper test results for drinking water
- A lead or arsenic evaluation agreement for sites located in the Tacoma smelter plume (counties of King, Pierce, and Thurston)
  - License fee (non-refundable)
  - Family Home Child Care: \$30
  - Child Care Center: \$125 for the first twelve children plus \$12 for each additional child over the license capacity of twelve (applicant may submit \$125 with application packet and then after DCYF determines the child care center's capacity AND prior to the initial license being issued, the remaining license fee must be paid in full.
- Parent and program policies
- Staff policies, if applicant plans to hire staff or use volunteers
- Emergency preparedness plan
- Health policies

**MERIT and Background Check requirements.** The Portable Background Check process must be completed for the applicant(s), staff, volunteers, and household members 13 years and older. This process begins by each person registering in MERIT using his or her own email address at <https://apps.dcyf.wa.gov/MERIT/Home/SignInRegister>. Information about the Portable Background Check process can be found at: <http://dcyf.wa.gov/services/early-learning-providers/background-checks>



# Public Notice of Nondiscrimination

## *Notice Of Nondiscrimination On The Basis Of Disability Under The Americans With Disabilities Act Of 1990 And Section 504 Of The Rehabilitation Act Of 1973*

Per the requirements of Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, Washington State's Department of Children, Youth, and Families (DCYF) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

### Effective Communication

DCYF will, upon request, provide appropriate aids and services in order to ensure effective communication for qualified persons with disabilities so they can participate equally in DCYF's programs, services, and activities. Such aids and services may include qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

### Modifications to Policies and Procedures

DCYF will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to participate in all DCYF programs, services, and activities. For example, individuals with service animals are welcomed in State offices, even where animals are generally prohibited.

### Requesting an Aid or Service to Ensure Effective Communication or a Modification Of Policies

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a DCYF program, service, or activity, should notify one of the below staff members as soon as possible, preferably 48 hours in advance of the scheduled event:

1. A DCYF employee, or
2. The DCYF ADA Coordinator  
**[dcyf.adaaccessibility@dcyf.wa.gov](mailto:dcyf.adaaccessibility@dcyf.wa.gov)**  
Phone: (360) 480-7230, relay users dial 7-1-1

The ADA does not require DCYF to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.



## Complaints

Complaints that a DCYF program, service, or activity is not accessible to persons with disabilities should be directed to:

Karin Morris, ADA Coordinator  
Department of Children, Youth, and Families  
1500 Jefferson St., SE  
Olympia, WA 98501  
[dcyf.adaaccessibility@dcyf.wa.gov](mailto:dcyf.adaaccessibility@dcyf.wa.gov)  
Phone: (360) 480-7230  
Washington Relay: 711 or 1-800-833-6384

The State of Washington will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids or services or reasonable policy modifications.

While DCYF has an internal ADA grievance policy, this policy does not in any way prevent an individual with a disability from filing a complaint of disability discrimination with the US Department of Justice's Civil Rights Division for ADA Title II violations, the U.S. Department of Health and Human Services for Section 504 violations, or Washington State's Human Rights Commission.

### US Department of Justice (DOJ), Civil Rights Division

<https://civilrights.justice.gov>

Contact The Department Of Justice  
to Report a Civil Rights Violation online:  
<https://civilrights.justice.gov/report>

To file an ADA Complaint by mail, download the  
ADA Complaint form:  
[www.ada.gov/t2cmpfrm.html](http://www.ada.gov/t2cmpfrm.html)

Send the completed form to:

US DOJ – Civil Rights Division  
950 Pennsylvania Ave, NW  
4CON, 9th Floor  
Washington, DC 20530

### US Department of Health & Human Service, Office of Civil Rights

Civil Rights Complaint filing instructions:  
[www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

Online HHS - OCR Complaint Portal:  
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

To file a Section 504 of The Rehabilitation Act  
Complaint by mail, download form the Civil Rights  
Discrimination form:  
[www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf](http://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf)

Send the completed form to:

Centralized Case Management Operations  
U.S. HHS – 200 Independence Ave., S.W.  
Room 509F HHH Bldg.  
Washington DC 20201

### Washington State Human Rights Commission (WSHRC)

[www.hum.wa.gov](http://www.hum.wa.gov)

To file a Disability Discrimination Complaint related to  
a Public Accommodation by mail, download the  
Public Accommodation Complaint form:

- English version  
[www.hum.wa.gov/sites/default/files/public/complaint-form/PA\\_Credit\\_Insurance\\_Inquiry\\_Form\\_V1.6\\_Fillable.pdf](http://www.hum.wa.gov/sites/default/files/public/complaint-form/PA_Credit_Insurance_Inquiry_Form_V1.6_Fillable.pdf)
- Spanish version  
[www.hum.wa.gov/sites/default/files/public/complaint-form/Cuestionario\\_AP\\_Credito\\_Aseguranza\\_V1.4\\_Rellenable.pdf](http://www.hum.wa.gov/sites/default/files/public/complaint-form/Cuestionario_AP_Credito_Aseguranza_V1.4_Rellenable.pdf)

Send the completed form to:

WSHRC – Olympia Headquarters  
711 S. Capitol Way, Suite 402  
Olympia, WA 98504

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*If you would like copies of this document in an alternative format or language, please contact DCYF Constituent Relations*

*(1-800-723-4831 | 360-902-8060, [ConstRelations@dcyf.wa.gov](mailto:ConstRelations@dcyf.wa.gov)).DCYF PUBLICATION HR\_0012 (08-2021)*