



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			
Applicant(s) Information					
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			
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	
Child Care Program Information					
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?

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.)

31. Child Care Center Applicant Only: Complete This Section

If child care center is operated by an organization, corporation, or other legal entity (including but not limited to a limited liability company, partnership, or other organization), please list the person charged with the active management of the organization or legal entity. A person charged with the active management of the company may include, but not be limited to, an executive director, company president, pastor, or chief operating officer.

Name: _____ Title: _____ Telephone: _____

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

Name	Position Title (director, program supervisor, lead teacher, assistant teacher, aide, volunteer, cook, bus driver, custodian, etc.)	Name	Position Title (director, program supervisor, lead teacher, assistant teacher, aide, volunteer, cook, bus driver, custodian, etc.)

32. The Department of Children, Youth, and Families (DCYF) may not license, make referrals to, payments to, or include in its directories the names of agencies that discriminate in the provision of services because of race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability; or that discriminate in employment practices because of race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability. I hereby agree not to engage in prohibited discriminatory practices.

I (we) further certify that I (we) have read, understand and agree to comply with the provisions of Chapter 43.216 of the Revised Code of Washington (child care licensing statute), and with the provisions of Chapter 110-300 of the Washington Administrative Code (WAC) licensing requirements. I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge and give permission to DCYF to contact past employers, and to obtain personnel records from previous employers.

I (we) further understand that DCYF does a Portable Background Check (PBC), including a review of DCYF records to check for abuse/neglect findings pertaining to any persons applying for a child care license and the persons' employees, if any. The information that I share with DCYF is subject to verification by federal and state officials.

NOTE: Pursuant to RCW 43.216.260(2), the department may deny, revoke, or suspend your license if you try to, or do, receive a license through deceitful means, fraud, or material omissions because it shows a lack of character, suitability, and competence required of a licensed child care provider.

I declare under penalty of perjury under the laws of the State of Washington that the information provided in this Child Care License Application or Certification Application is true and correct.

Applicant(s) Signature	Place of Signature (City and State)	Date	Title

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
- 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)

- 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>