Washington State Department of CHILDREN, YOUTH & FAMILIES

School-Age Child Care Center License or Certification Application

DCYF Use only Provider ID _____

Application Type ☐ Initial Application ☐ Certification ☐ Move Date of Move _____

School-Age Child Care Center Information

_____

School-Age Child Care Center Name *(or Doing Business As Name)*

Licensed Facility Address _____

City _____ County _____ State **WA** ZIP Code _____

Phone _____ FAX _____ Email _____

Is this child care program located on Tribal land? ☐ Yes ☐ No

If yes, list the Tribe _____

Use this WSDOT Tribal Boundaries Map to check if your child care program is on Tribal land.

Which local agencies manage zoning, planning, or building codes for your location?

_____

What date will your facility be ready for all inspections? (Date picker will be here on PDF)

Program Operation Hours

Day	Start Time AM/PM	End time AM/PM
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Closure dates and holidays

Primary Contact Name _____ Phone _____

Primary Contact Email _____

An interpreter will be provided to you at no cost. Do you need an interpreter? ☐ Yes ☐ No

Primary/preferred language?_____ If applicable, list your dialect _____

Secondary Language, if applicable _____

Number of Children You Plan to Serve _____ Age range of children _____ to _____

Business or Organization Information

_____

Agency or Organization Name *(Agency/Parent Corporation/Organization)*

Employer Identification Number (EIN)_____

Individual Taxpayer Identification Number (ITIN), if applicable _____

Social Security Number (SSN) _____

Organization Physical Address *(if different than above)* _____

City _____County_____State **WA** ZIP Code _____

Organization Mailing Address *(if different than above)*_____

City _____County_____State **WA** ZIP Code _____

Phone _____ FAX _____

Email _____

Organization Type *(Check One)*

☐ Government agency ☐ Individual/sole proprietor ☐ Corporation
☐ Non-profit Corporation ☐ Partnership ☐ LLC Sole Proprietor
☐ LLC Corporation ☐ LLC Partnership ☐ Tribal

Has the applicant previously been licensed or certified for child or adult care? ☐ Yes ☐ No
If yes, list the name and location _____

Does the applicant have another licensed or certified program in WA state? ☐ Yes ☐ No
If yes, list the name and location _____

Has the applicant ever been denied a child or adult care license? ☐ Yes ☐ No
If yes, please attach an explanation.

Has the applicant ever had a child or adult care license suspended or revoked? ☐ Yes ☐ No
If yes, please attach an explanation.

School Age Applicants Only Complete This Section

If school age program 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 _____

Phone _____

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

Name	Role	Name	Role

Applicant Signatures

Licensed child care programs must follow the laws and regulations in Chapter 43.216 of the Revised Code of Washington and Chapter 110-301 of the Washington Administrative Code. I have read and understand these rules, and I agree to follow them.

It is against the law for licensed child care programs to discriminate in employment practices or client services based on race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability. I agree that I will not illegally discriminate.

We take protecting the personal information of providers and applicants seriously. We have clear rules and policies that control when and how we collect and share this information. These protections help keep personal details safe and ensure we only share them when the law or our policies allow it. View our Administrative Policy 13.04 – Protecting Privacy and Confidential Information at dcyf.wa.gov

I understand that DCYF will do a background check on me. This includes child abuse and neglect history.

I give permission to DCYF to contact my past employers, and to ask them for information about me. I understand that this may include my past personnel records.

All of the information I have given to DCYF is true and correct. I have not left out any relevant information. I understand that if I have given untrue, misleading, or incomplete information, my application may not be approved.

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 1 Name _____ Title _____

Signature _____ Date _____

Applicant 2 Name _____ Title _____

Signature _____ Date _____

Applicant 3 Name _____ Title _____

Signature _____ Date _____

Application Checklist

A complete application packet must include the following:

- [ ] Completed, signed, and dated School-Age Child Care Center License or Certification Application form.
- [ ] Applicant's orientation certificate recorded in MERIT
- [ ] of applicant's current government-issued photo ID.
- [ ] Copy of applicant's Social Security card, or DCYF form 15-956 No Social Security Card Declaration

Proof of applicant's education and employment (e.g., diploma or transcripts) submitted to the Workforce Registry (MERIT).

- [ ] Proof of Employer Identification Number (EIN)
- [ ] List of people (including staff and volunteers) who need a background check.
- [ ] Resume for the applicant, program director, and site director (if applicable).
- [ ] Copy of the Certificate of Occupancy if your program isn't located in a school.
- [ ] Copy of the facility's floor plan with emergency exits and pathways. The floor plan must include both licensed and unlicensed spaces.
- [ ] Copy of your Washington state business license or other tribal, county or city occupation or business license (if applicable).
- [ ] Proof of liability insurance
- [ ] Copy of your Certificate of Incorporation, partnership agreement, or similar document (if applicable).
- [ ] For programs not in schools: Document from an inspector or engineer (no more than 3 years old) that the septic system is working (if applicable).
- [ ] E. coli and nitrate testing results for well water (no more than 12 months old, if applicable).
- [ ] Lead and copper test results for drinking water (for non-school programs).
- [ ] Lead or arsenic evaluation agreement for programs in King, Pierce, Snohomish and Thurston counties (e.g., Tacoma and Everett smelter plume).
- [ ] $125 non-refundable application fee. Additional fees may apply based on your program size.
- [ ] The following policy documents for your child care center:
- [ ] Parent and program policies
- [ ] Staff policies

☐ Emergency preparedness plan

☐ Health policies

Background Check Process Requirements

- To start the background check for the applicant, staff, and volunteers, go to the Managed Education & Registry Information Tool (MERIT).
- For more information visit the background check process home page
- All staff and volunteers must have a cleared DCYF Portable Background Check (PBC) (WAC 110-06).

Information about ADA/504 Public Notice of Nondiscrimination