



**APPLICATION INSTRUCTIONS**

When completing this application you must:

- Type or print clearly in BLUE or BLACK ink.
- Answer all questions or mark “N/A” if the question does not apply. You must complete the entire application and include the required documents.
- Submit all required supporting documentation and label all of the attachments; otherwise processing of your application will be delayed.
- Use the application checklist on page 4 to make sure you have submitted all required documentation.
- Sign the completed application.
- Make a copy of your application and all supporting documents for your files.
- Submit \$125 non-refundable license fee with your application packet. After DCYF determines the facility’s capacity AND prior to the initial license being issued, the remaining license fee must be paid in full. The license fee for a school-age child care center is \$125 for the first twelve children plus \$12 for each additional child over the licensed capacity of twelve children.
- You must notify DCYF if any information in the application changes before the child care facility is licensed.
- Begin the background check process by creating an account in MERIT for the applicant(s), staff and volunteers by going to: <https://apps.del.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fMERIT>  
Information about the Portable Background Check process can be found at: <https://dcyf.wa.gov/services/early-learning-providers/background-checks>

**SCHOOL-AGE CHILD CARE APPLICATION PROCESS AND TIMELINES:**

In order for the Department of Children, Youth, and Families to accept and process an application packet, the application form must be completed, dated and signed by the applicant(s) and submitted with the documents listed on page 4. If the application form is not filled out completely and/or required applicable documents are missing, the application packet will be returned as incomplete (WAC 110-301-0400). When a complete application packet is received, the department will contact the applicant to schedule a licensing inspection. DCYF has 90 days from receipt of a complete application packet to issue or deny a license.



Type of Application:  Initial  Certification  Other

**Section 1. Information About the Proposed School-Age Child Care Center**

1. School-Age Child Care Center Name/DBA

2. Address of Facility to be Licensed City County State Zip Code

3. Center Telephone Number

4. Center Fax Number

5. Center Email Address

6. Is this school-age program located on Tribal land?  Yes  No  
If yes, indicate which Tribe

7. Which local zoning, planning or building code agencies have responsibility where the facility will be located?

8. What is the date that you anticipate you will be ready for all inspections

9. List the school-age program's days and hours of operation, including closure dates and holiday observances

10. Contact Person's Name

11. Contact Person's Telephone Number

12. Contact Person's Email Address

13. Contact Person's Primary/Preferred Language?

Secondary Language?

I request that DCYF staff access interpreter services, at no cost to me, when they speak with me.  Yes  No

14. Proposed Number of Children

15. Child Ages Preferred To

**Section 2. Information about the Agency (Parent Corporation/Organization, Sole Proprietor/Owner)**

16. Agency Name (Parent Corporation/Organization, Sole Proprietor/Owner)

17. Employer Identification Number (EIN)

18. Social Security Number (SSN)

19. Agency Address if different than Line 2 City County State Zip Code

20. Mailing Address if different than Line 16 City County State Zip Code

21. Telephone Number

22. Fax Number

23. Email Address

24. Type of Organization

Government agency  Individual/sole proprietor  Corporation  Partnership  
 Indian tribe  LLC filing as sole proprietor  LLC filing as corporation  LLC filing as partnership

25. A. Has the applicant previously been licensed or certified to provide child care?  Yes  No

B. If yes, indicate by what name and where

26. A. Is the applicant currently licensed or certified to care for children or adults by DCYF or another entity?  Yes  No

B. If yes, indicate location

27. Has the applicant been denied a license to care for children or adults?.....  Yes  No  
 28. Has the applicant had a license to care for children or adults suspended or revoked?.....  Yes  No  
 If “yes” is marked for 26 or 27, attach an explanatory statement.

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) 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 agency licensing statute), and with the provisions of Chapter 110-301 of the Washington Administrative Code (WAC) licensing requirements.

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

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.

NOTE: Pursuant to RCW 43.216.260(2), the department may deny, suspend, or revoke 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 Name (Please Print)	Applicant Signature	Title	Date



**Application Checklist**

The following items must be submitted with your completed application form. Incomplete application packets will be returned to the applicant for completion. (WAC 110-301-0400).

- Completed, signed and dated School-Age Child Care Center License or Certification Application form
- Copy of applicant’s certificate from department orientation completed within last twelve months
- 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
- Employment and education verification (e.g., diploma or transcripts) for applicant or sworn declaration stating that the applicant cannot verify education requirements
- Proof of Employer Identification Number (EIN), if applicant plans to hire staff
- List of applicant(s), and if applicable and known, staff persons and volunteers required to complete the background check process as outlined in chapter 110-06 WAC
- Copy of resume for: applicant, and program director, and site director, if applicable
- Program hours of operation, including closure dates and holiday observances
- Copy of Certificate of Occupancy for any program that is not located on public or private school premises
- Copy of floor plan of the facility, including use of proposed licensed and unlicensed space, with identified emergency exits and emergency exit pathways (a simple sketch is sufficient)
- Copy of Washington state business license or Tribal, county or city business or occupation license, if applicable
- Proof of liability insurance, if applicable (RCW 43.216.700)
- Copy of Certificate of Incorporation, partnership agreement, or similar business organization document, if applicable
- For any program that is not located on public or private school premises, 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 than twelve months old, if applicable
- For any program that is not located on public or private school premises, lead and copper test results for drinking water WAC 110-301-0235
- A lead or arsenic evaluation agreement for any program that is not located on public or private school premises and is located in the Tacoma smelter plume (counties of King, Pierce and Thurston)
- \$125 non-refundable license fee. After DCYF determines the facility’s capacity AND prior to the initial license being used, the remaining license fee must be paid in full. The license fee for a school-age child care center is \$125 for the first twelve children plus \$12 for each additional child over the licensed capacity of twelve children.

The following policy documents for the school-age child care center:

- Parent and program policies
- Staff policies
- Emergency preparedness plan
- Health policies



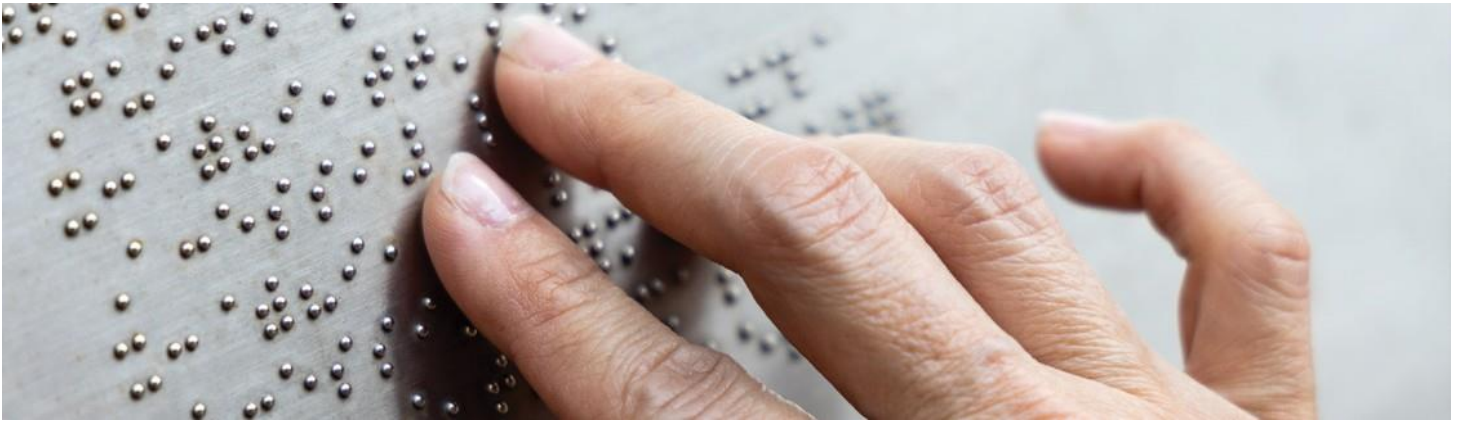
Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

**School-Age Child Care Center  
License or Certification  
Application**

**Background check process requirements:**

Complete the background authorization process for the applicant, staff and volunteers. Begin the background check process by going to the Managed Education & Registry Information Tool (MERIT). You can find this at: <https://apps.dcyf.wa.gov/MERIT/Home/SignInRegister>. Information about the Portable Background Check process can be found at: <https://dcyf.wa.gov/services/early-learning-providers/background-checks>

The licensing process will not be completed until all required background checks have been processed by DCYF (WAC 110-06).



# 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.



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

## 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