



APPLICATION INSTRUCTIONS

Important! If the submitted application form is not filled out completely and/or required applicable documents are missing, the application packet will be returned to the applicant as incomplete (WAC 110-300-0400). 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 includes the following documents:

- Completed, signed and dated Family Home Child Care License 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 certificate from department orientation completed within twelve months of license application
- Copy of applicant's diploma, transcript or sworn declaration stating that the applicant cannot verify education requirements
- Copy of resume for the applicant, and lead teacher if applicable
- Three letters of professional reference each for: the applicant, and lead teacher if applicable
- List of applicant, staff, volunteers, and household members, if applicable, required to complete the background check process as outlined in chapter 110-06
- Program hours of operation, including closure dates and holiday observances
- Copy of floor plan of the home, 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 a Tribal, county or city business or occupation license, if applicable
- Proof of Employer Identification Number (EIN), if applicant plans to hire staff
- Proof of liability insurance or written notice of insurance status (RCW 43.216.700)
- Certificate of Incorporation, partnership agreement, or similar business organization document, if applicable
- An on-site septic system inspection report within six months of the inspection, if applicable
- Well water coliform and nitrate testing results within six months of license application, if applicable
- Lead and copper test results for water from all fixtures used to obtain water for drinking, cooking and preparing food or infant formula
- A lead or arsenic evaluation agreement, only for sites located in the Tacoma smelter plume (counties of King, Pierce, and Thurston)
- \$30 non-refundable license fee (check or money order payable to DSHS)
- Parent and program policies
- Staff policies, if applicant plans to hire staff or use volunteers
- Emergency preparedness (fire and disaster) plan
- Health policies, including a plan to prevent exposure to blood and body fluids

MERIT and Background Check requirements –Register your facility in MERIT before receiving your license:

<https://apps.del.wa.gov/MERIT/Home/SignInRegister> 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. Information about the Portable Background Check process: <http://dcyf.wa.gov/services/early-learning-providers/background-checks>



Family Home Child Care License Application

1. Date of Application		2. Provider ID (if known)		3. Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> Other (explain):	
4. Applicant (App.)			5. Co-Applicant, if any (Co-App.)		
Name: Last		First		Middle Initial	
Name: Last		First		Middle Initial	
Maiden Name, if applicable			Maiden Name, if applicable		
Social Security or Federal Employer Identification Number:		Date of Birth:		Social Security or Federal Employer Identification Number	
Date of Birth:		Social Security or Federal Employer Identification Number		Date of Birth	
6. Alternate Business Name (Doing Business As)			7. Is this address (below) on tribal land? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which tribe?		
8. Street Address		City		Zip Code	
				County	
9. Mailing Address (If different from street address)		City		Zip Code	
				County	
10. Email Address (if any)			11. Telephone number		
			Home: () - Work: () -		
12. School District or Nearest Elementary School					
13. Ethnic Background (Optional)					
App	Co-App		App	Co-App	
<input type="checkbox"/>	<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	<input type="checkbox"/>	Laotian
<input type="checkbox"/>	<input type="checkbox"/>	Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>	Guamanian
<input type="checkbox"/>	<input type="checkbox"/>	Asian or Pacific Island (API)	<input type="checkbox"/>	<input type="checkbox"/>	Korean
<input type="checkbox"/>	<input type="checkbox"/>	Other API (identify):	<input type="checkbox"/>	<input type="checkbox"/>	Filipino
<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	Eskimo/Aleut
<input type="checkbox"/>	<input type="checkbox"/>	American Indian (identify the name of the enrolled or principal tribe below):	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic/Latino
					Other:
14. Persons Living in Household, including yourself. Attach additional sheet if needed.					
Name		Birth date	Relationship to Applicants	Name	
				Birth date	
				Relationship to Applicants	

15. Languages

Applicant	Primary Language:	Secondary Language:	Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-Applicant	Primary Language:	Secondary Language:	Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

16. References (3 References people that are not related to the applicant)

Name	Address (Street, State, Zip)	Telephone	E-mail
		() -	
		() -	
		() -	

Please Answer the Following Questions

	<u>Applicant</u> Yes/No	<u>Co-Applicant</u> Yes/No
17. Has applicant ever been deprived of custody of own children by court action? If yes, attach a statement of explanation).....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Has applicant or any other member of the household:		
a. Been found to be a perpetrator of child abuse/neglect?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. Engaged in the illegal use or sale of drugs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. Been convicted of a felony?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. Been released from prison in the past seven years?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. Been denied a license to care for children or adults?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. Had a license to care for children or adults suspended or revoked?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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 which discriminate in the provision of services because of race, creed, color, national origin, sex, disability, or age, which discriminate in employment practices because of race, creed, color, national origin, sex, disability, age (40+), sexual orientation, marital status, disabled veteran status, or Vietnam era veteran status. I hereby agree not to engage in prohibited discriminatory practices.

I certify that I have read, understand and agree to comply with the licensing requirements of RCW 43.216 and WAC 110-300B. I (we) further certify that the above information and required attachments are true and complete to the best of my (our) knowledge. I (we) further understand that DCYF does a Portable Background Check (PBC), including a check of DCYF records for abuse/ neglect for all persons applying for child care licenses. The information that I share with DCYF is subject to verification by federal and state officials.

19. Directions for reaching your home:

Applicant Signature	Date	Co-Applicant	Date
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WAC 110-300B-8175 provides that the department may deny, suspend, revoke or not renew a license for misrepresentation or material omissions on this application.