



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Child Care Center License or Certification Application
Instructions

1. Enter the name of the applying agency as it appears in its articles of incorporation or the incorporated name of any applicant or the name of the sole proprietor/owner of the center.
2. Enter the address of the applying agency or owner (applicant). If a post office box is used, or if mail for branches is received at the parent organization, make a notation here.
3. Enter the telephone number where the applicant can be reached.
4. Enter the fax number of the applicant.
5. Enter the e-mail address of the applicant.
6. Check the box that identifies the type of organization.
7. Enter the name of the child care center.
8. Check appropriate box. If "yes" is marked, add Tribe name.
9. Enter your Social Security Number (SSN) or your Employer Identification Number (EIN).
10. Enter the physical address of the center if different than line 2.
11. Enter the mailing address if different than line 10.
12. Enter the telephone number for the center.
13. Enter the fax number for the center.
14. Enter the e-mail address for the center.
15. Enter the name of the local zoning, planning, or building code agency responsible for the area where center is located. We need this information to notify local zoning, planning, and building code agencies we have received your application. It is your responsibility to contact local authorities and to comply with local ordinances.
16. Give directions to the center from the nearest major freeway exit.
17. Enter date that you anticipate you will be ready for all inspections (State Fire Marshal).
18. Enter name and telephone number of person to contact at the center.
19. Number of children you wish to be licensed for and age ranges you prefer.
20. Check box if you have previously been licensed or certified. If you have, list by what name and where.
21. Check box if you are licensed in another area of the state and list location.
22. Check appropriate box. If "yes" is marked, attach an explanatory statement.
23. Check appropriate box. If "yes" is marked, attach an explanatory statement.
24. The chairman of the board signs the application if the agency is board sponsored; otherwise, the application is signed by the agency owner, or area or district manager.
25. Include with this application the documents listed in this section. Incomplete applications will be returned.
26. Enter source of funds, complete as applicable.
27. Enter expenses, complete as applicable.
28. Enter agency management information.
29. Enter lead staff information.
30. Enter non-lead staff and volunteer information.



WASHINGTON STATE
**Department of
 Children, Youth, and Families**

**Child Care Center
 License or Certification Application**

DCYF use:
 Provider ID #:

Type of Application: Initial Certification Other

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

2. Agency Address City County State Zip Code

3. Telephone Number

4. Fax Number

5. Email Address

6. 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

7. Child Care Center Name/DBA

8. Is the street address on Tribal land? Yes No
 If yes, which Tribe?

9. Employer Identification Number (EIN)

Or Social Security Number (SSN)

10. Address of Facility to be Licensed if different than Line 2 City County State Zip Code

11. Mailing Address if different than Line 10 City County State Zip Code

12. Center Telephone Number

13. Center Fax Number

14. Center Email Address

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

16. Directions for reaching the facility

17. What is the date that you anticipate you will be ready for all inspections _____ (ie State Fire Marshal)?

18. Contact Person's Name

Telephone Number

19. Number of Children

Ages Preferred To

20. A. Have you previously been licensed or certified? Yes No

B. If yes, indicate by what name and where?

21. A. Is the agency licensed in another area of the state? Yes No

B. If yes, indicate location.

22. Have you been denied a license to care for children or adults? Yes No

23. Have you had a license to care for children or adults suspended or revoked?..... Yes No

If "yes" is marked for 22 or 23, attach an explanatory statement.

24. 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, disability, or age, or that 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 (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 agency licensing statute), and with the provisions of Chapter 110-300A of the Washington Administrative Code (WAC) licensing requirements. I (we) also understand that corporal punishment of children in care is prohibited under the provisions of WAC 110-300A-2040 and agree to comply with this rule. 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 references and past employers, and to obtain personnel records from previous employers.

I (we) further understand that DCYF does a Portable Background Check (PBC), including a check of DCYF records for abuse/neglect for any person applying for a child care license and the persons' employees, if any.

NOTE: WAC 110-300A-0100 states that the department may deny, suspend, or revoke your license if you try to get a license by deceitful means, such as making false statements or leaving out important information on your application. The information that you give DCYF is subject to verification by federal and state officials. Verification can include follow-up contacts from DCYF staff or other agencies. If DCYF decides it is necessary, you must provide us any additional reports or information regarding you, any staff, and volunteers or any other person having access to the child in care if any of those individuals may be unable to meet the requirements in WAC Chapter 110-300A.

Applicant Signature	Title	Date

25. In order for DCYF to accept and process an application packet, the application form must be completed, dated and signed by the applicant(s), and the following items submitted. If the form is not filled out completely and/or required applicable items are missing, the application will be returned as incomplete (WAC 110-300-0400). 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.

- a. Copy of applicant's certificate from department orientation completed within last twelve months
- b. Copy of applicant's current government issued photo identification
- c. Copy of applicant's Social Security card or sworn declaration stating that the applicant does not have one
- d. Proof of Employer Identification Number (EIN)
- e. List of applicant(s), staff, and volunteers required to complete the background check process as outlined in chapter 110-06 WAC (form provided)
- f. Copy of resume for: applicant, and director, assistant director, program supervisor, if applicable
- g. Copy of diploma, transcript, or sworn declaration stating that the person cannot verify education requirements for: applicant, and director, assistant director, program supervisor, if applicable
- h. Three letters of professional reference each for: applicant, and director, assistant director, program supervisor, if applicable
- i. Program hours of operation, including closure dates and holiday observances
- j. 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)

- k. Copy of Certificate of Occupancy
- l. Copy of Washington state business license or Tribal, county or city business or occupation license, if applicable
- m. Proof of liability insurance (RCW 43.216.700), if applicable
- n. Certificate of Incorporation, partnership agreement, or similar business organization document, if applicable
- o. An on-site septic system inspection report within six months of the inspection, if applicable
- p. Well water coliform and nitrate testing results within six months of license application, if applicable
- q. Lead and copper test results for water from all fixtures used to obtain water for drinking, cooking and preparing food or infant formula
- r. A lead or arsenic evaluation agreement, only for sites located in the Tacoma smelter plume (counties of King, Pierce and Thurston)
- s. \$125 non-refundable license fee. 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 child care center is \$125 for the first twelve children plus \$12 for each additional child over the licensed capacity of twelve children.
- t. The following policy documents for the child care center:
 - Parent and program policies
 - Staff policies (if employing five or more people)
 - Emergency preparedness plan
 - Health policies reviewed, signed and dated by a physician, a physician's assistant or registered nurse
 - A plan to prevent exposure to blood and body fluids

Budget Guide

If the same information is available in your database, you may attach a copy in place of this page.

26. Source of funds for current fiscal year to operate child care center:	Date From	Date To
	Estimated	Or Actual
a. Community funds		
b. Fees for child care (private)		
c. Fees for child care (state)		
d. Other (specify):		
e. Other (specify):		
f. Other (specify):		
g. Other (specify):		
h. Other (specify):		
Totals		
27. Expenses for current fiscal year to operate child care center:	Estimated	Or Actual
a. Rent or mortgage payments		
b. Utilities		
c. Wages or salaries and benefits		
d. Other professional fees		
e. Food		
f. Supplies (program)		
g. Supplies (non-program)		
h. Maintenance and repairs		
i. Equipment		
j. Insurance		
k. Taxes		
l. Vehicle and transportation		
m. General operations (telephone, postage, professional dues)		
n. Other (specify):		
o. Other (specify):		
p. Other (specify):		
q. Other (specify):		
r. Other (specify):		
Totals		

28. Agency Management

A. Executive Director/Chief Operating Officer Or Person Charged With Active Center Management

1. Name	Title	Date Of Birth
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2. References For Person Charged With Active Center Management. Attach Resume Including Education.

Name	Address	Telephone Number

B. Director

1. Name	Title	Date Of Birth
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2. References For Person Charged With Active Center Management. Attach Resume Including Education.

Name	Address	Telephone Number

C. Program Supervisor (Only If Program Supervisor Is Different From Director)

1. Name	Title	Date Of Birth
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2. References For Person Charged With Active Center Management. Attach Resume Including Education.

Name	Address	Telephone Number

29. Lead Staff

A. Employee Name	B. Position Title	C. 18 Years Of Age Or Older	D. Experience For This Position		E. Education			F. Date Employed
			Years	Type	Highest Grade Achieved High School/College	Degree	Area Of Specialization	
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

30. Non-Lead Staff, including Volunteers

A. Employee/Volunteer Name	B. Position Title	C. 16 Years Of Age Or Older	D. Experience For This Position		E. Education			F. Date Employed
			Years	Type	Highest Grade Achieved High School/College	Degree	Area Of Specialization	
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
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