



Washington State Department of Early Learning

Application for Child Care Center License or Certification 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. Enter your Social Security Number (SSN) or your Employer Identification Number (EIN).
9. Enter the physical address of the center if different than line 2.
10. Enter the mailing address if different than line 9.
11. Enter the telephone number for the center.
12. Enter the fax number for the center.
13. Enter the e-mail address for the center, if any. DEL is now communicating electronically with licensed facilities if an e-mail address is available.
14. Check location of center.
15. If relicensing, do not complete this section. 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 name and telephone number of person to contact at the center.
18. Number of children you wish to be licensed for and age ranges you prefer.
19. Check box if you have previously been licensed or certified. If you have, list by what name and where.
20. Check box if you are licensed in another area of the state and list location.
21. Check appropriate box. If "yes" is marked, attach an explanatory statement.
22. Check appropriate box. If "yes" is marked, attach an explanatory statement.
23. 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.
24. Attach to this application any of the documents listed in this section.
25. The list of documents in this section must be provided to DEL before a license can be issued.
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 information.



Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Certification <input type="checkbox"/> 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 <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	
7. Child Care Center Name/DBA	
8. Employer Identification Number (EIN) Or Social Security Number (SSN)	
9. Address of Facility to be Licensed if different than Line 2	City County State Zip Code
10. Mailing Address if different than Line 9	City County State Zip Code
11. Center Telephone Number	12. Center Fax Number 13. Center Email Address
14. Facility Location <input type="checkbox"/> Incorporated (city) <input type="checkbox"/> Unincorporated (city) <input type="checkbox"/> Unincorporated (county)	15. Which local zoning, planning or building code agencies have responsibility where the facility will be located?
16. Directions for reaching the facility	
16a. What is the date that you anticipate you will be ready for all inspections _____ . (ie State Fire Marshal)	
17. Contact Person's Name	Telephone Number
18. Number of Children	Ages Preferred To
19. A. Have you previously been licensed or certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. If yes, indicate by what name and where?
20. A. Is the agency licensed in another area of the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. If yes, indicate location.
21. Have you been denied a license to care for children or adults?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you had a license to care for children or adults suspended or revoked?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. The Department of Early Learning (DEL) 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 further certify that I have received, read, understand and agree to comply with the provisions of Chapter 43.215 of the Revised Code of Washington (child care agency licensing statute), and with the provisions of Chapter 170-295 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 170-295-2040 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 DEL to contact references and past employers, and to obtain personnel records from previous employers.

I (we) further understand that DEL does a background check and a check of DSHS records for child abuse for any person applying for a child care license and the persons' employees, if any.

NOTE: WAC 170-295-0100 states that DEL 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 DEL is subject to verification by federal and state officials. Verification can include follow-up contacts from DEL staff or other agencies. If DEL decides it is necessary, you must provide us any additional reports or information regarding you, any assistants, and volunteers, members of your household 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 170-295.

Applicant Signature	Title	Date

24. Before this application can be accepted this form must be completed, dated and signed by the applicant, and the required background forms must be completed and attached for: the applicant, staff and volunteers. If you are applying for a new license the minimum fee must be attached. If you are renewing your license you must mail your fee to the Financial Services Administration (FSA). In addition to the complete application, you must submit the following document to the DEL within 60 days.

- a. Copy of occupancy permit.....WAC 170-295-0060
- b. Floor plan of the facility drawn to scale, simple sketch is sufficient WAC 170-295-0060
 Note, the State Fire Marshal does not inspect until DEL has provided the Fire Marshal's office with a copy of your occupancy permit and floor plan)
- c. Articles of incorporation RCW 43.215.230, WAC 170-295-0060
- d. List of staff (form provided)WAC 170-295-0060
- e. Budget (form provided).....WAC 170-295-0100
- f. Written parent communication (handbook).....WAC 170-295-2080
- g. Personnel policies (for agency employing five or more persons).....WAC 170-295-7050
- h. Forms used for children's records and informationWAC 170-295-7010
- i. Transportation insurance (liability and medical – include name of company and policy).....WAC 170-295-2070
- j. In-service training programWAC 170-295-1090
- k. With your new license application, include a license fee of \$125 per year for the first twelve children plus \$12 for each additional child over the licensed capacity of twelve children.....WAC 170-295-0060
- l. Resume and transcript of director.....WAC 170-295-0060

m. Resume and transcript of program supervisor.....	WAC 170-295-0060
Three professional references for the applicant, the director and the program supervisor	WAC 170-295-0060
n. Copy of photo identification.....	WAC 170-296-0060
o. Copy of Social Security Number or Employer Identification Number.....	WAC 170-295-0060
p. Health care plan signed by health care professional.....	WAC 170-295-0060
25. Before a license can be issued, the following documents must be provided to DEL.	
a. Water test report if water supply is from a private source.....	WAC 170-295-5070
b. TB skin test reports or x-ray reports. If test is positive, include a dr.'s statement regarding communicability of conditions	WAC 170-295-1120
c. Evidence of staffs' current first aid training and Red Cross CPR certificate and HIV-AIDS. CPR must include its administration for age group in care.....	WAC 170-295-1100,WAC 170-295-1110
d. Food and beverage service worker's permit for staff food preparation and supervision.....	WAC 170- 295-3170

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's 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						
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		<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

A. Employee's 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						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
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