



Washington State Department of Early Learning

Application for Family Home Child Care License or Certification Instructions

For initial licenses, mail the following to your local Department of Early Learning (DEL) office:

- Completed, signed and dated application form
- License fee of \$30.00
- Background check forms for all people listed in WAC 170-06.
- Verification of orientation attendance (Copy of DEL Family Home Orientation Certificate)
- Copy of current government issued photo identification
- Documentation of high school diploma or equivalent education
- Resume
- Three references from individuals not related to the applicant (including names, addresses, email, phone)
- Copy of social security card or declaration of not having a social security card
- Copy of Federal Employer Identification Number if you plan to employ staff
- Copy of TB test results for everyone identified in WAC 170-296A-1750
- Copy of current CPR/First Aid cards
- Copy of current HIV/AIDS training
- Copy of Washington State food handler permit
- A copy of the parent/guardian policies (handbook)
- Proposed floor plan
- Proof of current liability insurance or written notice of insurance status

The following documents need to be received within 60 days of the application date:

- Septic system inspection report, if applicable
- Well water testing report; if applicable
- Lead or arsenic evaluation agreement; if applicable
- Any other documents requested

Details about the application requirements can be found in the Family Home Child Care WAC 170-296A-1250.

Your licensor will also accept any other documentation you have ready when they come to visit. If the licensor sees that you have not met all the requirements, they will work with you to write a Compliance Agreement. All corrections will need to be made before an initial license is given to you.



Family Home 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			
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			
9. Mailing Address (If different from street address)		City		Zip Code			
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"/>	Philippino		
<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	Zip Code	Telephone number
			() -
			() -
			() -

Please Answer the Following Questions

	<u>Applicant</u>		<u>Co-Applicant</u>	
	Yes	No	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"/>

DEL 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 received, read, understand and agree to comply with the licensing requirements of RCW 43.215 and WAC 170-296A. 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 DEL does a background check and a check of DSHS files of abuse/ neglect for all persons applying for child care licenses. The information that I share with DEL 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 170-296A-8175 provides that DEL may deny, suspend, revoke or not renew a license for misrepresentation or material omissions on this application.