



INSTRUCTIONS FOR APPLYING FOR A FAMILY HOME CHILD CARE LICENSE

1. To begin the licensing process, you must mail to the Department of Early Learning (DEL) licensing office:
 - a. A completed and signed application form.
 - b. The license fee. See "License Fees" below for details.
 - c. An Employment and Education Resume for you, staff, or volunteers, and a transcript or its equivalent when appropriate.
 - d. A copy of your picture identification issued by a government entity (could include but is not limited to: driver's license, passport, state identification).
 - e. A copy of your social security card that is valid for employment or verification of your Federal Employer Identification Number (FEIN or EIN).
 - f. Verification of orientation attendance.

When the application is mailed to the DEL licensing office, include a completed Background Form, for the applicant(s), assistant(s) (if any) spouse or partner, volunteer and any member of the household 16 years of age or older. Each person who needs a Background Authorization and who has lived in Washington State less than three years must also send a fingerprint check form.

The Background Authorization form can only be submitted if you have applied for a license.

2. ADDITIONAL REQUIRED DOCUMENTS: You may send the following documents with your application and license fee. If you do not send these documents with your application, you must send them to the DEL licensing office within 60 days of submitting your application.
 - a. Documentation of current TB exam by Mantoux method for you, your staff, or volunteers, and members 16 years or older of the household.
 - b. Documentation of current standard first aid and infant/child/adult CPR training for you and any staff person or volunteer included in the staff-child ratio.
 - c. Documentation of HIV/AIDS training for you, staff, or volunteers.
 - d. Documentation of local health authority or state Department of Health approval of your private water supply and independent sewage system, if applicable. This does not apply if you are on public water/sewer system.
 - e. Copy of your policies and procedures, including health care practices.
3. LICENSING VISIT: DEL licensors schedule initial/renewal licensing visits by appointment. The licensee portion of the Family Home Licensing Checklist must be completed before the licensing visit. During the visit, the licensor will:
 - a. Inspect your home for the required safety and health features, and adequacy of the space.
 - b. Review your indoor and outdoor play and child equipment.
 - c. Discuss your child care experience, plans for activities and methods of behavior management.
 - d. Review your policies and procedures, information for parents.
 - e. Receive any documentation you have ready.
 - f. If necessary, leave a written list of changes needed (Compliance Agreement) with a due date. All changes must be made before you receive a license.

4. OTHER:

- a. DEL must receive three complete reference questionnaires for each applicant prior to issuing a license.
- b. DEL may require additional reports from doctors, counselors, previous/current employers, and other agencies, including law enforcement agencies in order to complete the evaluation of you, staff, or volunteers, or other persons having unsupervised access to the children. You will be notified if DEL requires additional information.
- c. When your home is licensed, you may receive an initial license valid for six (6) months not to exceed two years or a full license for up to three years. A renewal application will be mailed to you 120 days prior to the expiration date of your current license.

THE LICENSE IS VALID ONLY FOR THE LICENSEE NAMED ON IT, AND FOR THE ADDRESS LISTED ON THE LICENSE.

LICENSE FEES

A Family Home Child Care License requires a nonrefundable \$24 annual fee. Your initial application must be accompanied by a check for this amount made payable to DSHS. If you are renewing your license, you will receive a bill from OFM. A full Family Home Child Care license is issued for a three-year period. If you are granted a full license, thereafter you will receive an annual license fee bill approximately 90 days in advance of your license anniversary date. We must receive this payment prior to your anniversary date.

14. Special Services (if applicable)

Additional Hours (re-license only) Must be approved by licensor	Types of Care	Certifications and Accreditations	Other (identify below)
<input type="checkbox"/> Open 24 hours <input type="checkbox"/> Evening Care <input type="checkbox"/> Weekend Care	<input type="checkbox"/> Before/after school only <input type="checkbox"/> Special Needs Care: _____	<input type="checkbox"/> NAFCA Accreditation <input type="checkbox"/> Certifications: _____	_____

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 (See Section 4.A. Instructions)
(Referents MUST NOT Be Related to Applicant)**

Name	Address	Zip Code	10 digit telephone number
a.			
b.			
c.			

Applicant

Name: Last First MI

17. Ethnic Background (Optional)

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------|
| App | Co-App | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> | <input type="checkbox"/> | Samoan |
| | | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> | <input type="checkbox"/> | Vietnamese |
| | | <input type="checkbox"/> Asian or Pacific Island (API): | <input type="checkbox"/> | <input type="checkbox"/> | Asian Indian |
| | | <input type="checkbox"/> Chinese | <input type="checkbox"/> | <input type="checkbox"/> | Laotian |
| | | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> | <input type="checkbox"/> | Guamanian |
| | | <input type="checkbox"/> Japanese | <input type="checkbox"/> | <input type="checkbox"/> | Korean |
| | | <input type="checkbox"/> Cambodian | <input type="checkbox"/> | <input type="checkbox"/> | Philippino |
| | | <input type="checkbox"/> Other API (identify): _____ | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | American Indian (identify the name of the enrolled or principal tribe below):
_____ | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Eskimo/ Aleut | | | |

Please Answer the Following Questions

	Applicant YES/NO	Co-Applicant YES/NO
18. 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"/>
19. Has applicant or any other member of the household:		
a. Been found to be a perpetrator of child abuse?	<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 Early Learning (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 hereby certify that I have received, read, understand and agree to comply with the provisions of RCW 43.215 (licensing statute), and with the provisions of Chapter 170-296 of the Washington Administrative Code (WAC) (minimum licensing requirements). I (we) hereby 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 and neglect for all persons applying for child care licenses. The information that I give the department is subject to verification by federal and state officials. Verification can include follow-up contacts from department staff or other agencies.

20. Directions for reaching your home

Applicant Signature	Date	Co-Applicant	Date
---------------------	------	--------------	------

NOTE: WAC 170-296-0450(e) provides that DEL may deny, suspend, revoke or not renew a license for misrepresentation or material omissions on this application.