



Washington State Department of Early Learning

Application for School Age Child Care 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 that 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: 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. School-Age 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

- Incorporated (city) Unincorporated (city)
 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 (i.e. Stat 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? Yes No

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

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

B. If yes, indicate location.

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

22. Have you had a license to care for children or adults suspended or revoked? Yes 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 170-151 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 170-151-130 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.

WAC 170-151-090 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 I give DEL is subject to verification by federal and state officials. Verification can include follow-up contacts from DEL staff or other agencies. If we decide 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 Chapter 170-151 WAC.

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 completed application, you must submit the following document to DEL within 60 days.
- a. Copy of occupancy permit WAC 170-151-040
 - b. Floor plan of the facility drawn to scale, blueprints are not required, simple sketch is sufficient. (The State Fire Marshal does not inspect until DEL has provided their office with a copy of your occupancy permit and floor plan) WAC 170-151- 320, 170-151-330
 - c. Articles of incorporation RCW 43.215.230
 - d. List of staff (form provided) WAC 170-151-500
 - e. Budget (form provided)..... RCW 43.215.205
 - f. Written parent communication (handbook) WAC 170-151-170
 - g. Personnel policies (when employing five or more persons) WAC 170-151-470
 - h. Forms used for client records and information WAC 170-151-450
 - i. Child Care car auto insurance (liability and medical – include name of company and policy)..... WAC 170-151-165, RCW 43.215.535
 - j. In-service training program (for agency employing five or more persons) WAC 170-151-470
 - k. With your new 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 170-151-070
 - l. Resume, three professional references and copies of diploma or education transcript of program director WAC 170-151-070
 - m. Resume, three professional references and copies of diploma or education transcript of site coordinator WAC 170-151-070
 - n. Three professional references for applicant if not the director or site coordinator WAC170-151-070
 - o. Copy of photo identification for proof of age of applicant, director and site coordinator WAC170- 151 – 070 WAC 170-151-180
 - p. Health care plan signed by health care professional WAC 170-151-210
25. Before a license can be issued, the following documents must be provided to DEL. WAC references are indicated for each requirement.
- a. TB skin test reports or x-ray reports prescribed by licensing requirements. If test is positive, include a physician’s statement regarding communicability of conditions WAC 170-151-220
 - b. Evidence of staffs’ current first aid training and CPR, Red Cross certificate and HIV-AIDS. CPR training must include school age children WAC 170-151-220
 - c. Food and beverage service worker’s permit for staff preparing and supervising food preparation WAC 170-151-220

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 school- age 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 school – age 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. Program Director

1. Name	Title	Date Of Birth
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2. References For Program Director. Attach Resume Including Education.

Name	Address	Telephone Number

B. Site Coordinator

1. Name	Title	Date Of Birth
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2. References For Site Coordinator. 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						
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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						

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						
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