

**APPLICATION INSTRUCTIONS**

When completing this application you must:

- Type or print clearly in BLUE or BLACK ink.
- Answer all questions or mark “N/A” if the question does not apply. You must complete the entire application and include the required documents.
- Submit all required supporting documentation and label all of the attachments; otherwise processing of your application will be delayed.
- Use the application checklist to make sure you have submitted all required documentation. You must include the checklist with your application when you mail it to the department.
- Sign the completed application.
- Make a copy of your application and all supporting documents for your files.
- Submit initial licensing fee of \$125. An additional fee will be charged based on capacity. There will be **NO** refund of any licensing fee.
- The additional licensing fee will be based on \$12 per child after the first 12 children. (Ex. Capacity of 20 children will be: \$125 + \$12 X 8 children = \$221)
- You must notify DEL if any information in the application changes before the child care facility is licensed.
- Begin the background check process by creating an account in MERIT for the applicant(s), staff and volunteers by going to: <https://apps.del.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fMERIT>

Information about the Portable Background Check process can be found at:

<http://www.del.wa.gov/requirements/info/background.aspx>

**SCHOOL AGE CHILD CARE APPLICATION PROCESS AND TIMELINES:**

It is extremely important that the application is complete and all documentation is provided. Otherwise, there will be a delay in the application and licensing process.

If the application is incomplete, you will receive a written notice of what is missing. The written notice will include a timeline in which to submit the required information. If you do not respond with the requested information within the specified timeline, the department may “deny” the application.

The department will call the applicant (or entity representative) when the department is ready to schedule a licensing visit.





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 (we) certify that I (we) have 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 170-297 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 170-297-6275 and agree to comply with this rule.

I (we) further understand that DEL does a Portable Background Check (PBC) and a check of DSHS records for abuse/neglect for any person applying for a child care license and program employees, if any.

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) understand that 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.

Additional reports or information must be provided to DEL upon request, regarding you, any assistants, 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 Chapter 170-297 WAC.

WAC 170-297-8175 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.

Applicant's Name (Please Print)	Applicant Signature	Title	Date



**Application Checklist**

**Include the following with your completed, dated and signed application:**

- \$125 license fee to start the licensing process ..... WAC 170-297-1250  
When the department has determined the capacity an additional fee must be paid. The additional licensing fee will be based on \$12 per child after the first 12 children.
- Copy of orientation certificate ..... WAC 170-297-1250
- Copy of certificate of occupancy or letter in lieu
- Copy of the certificate of incorporation, partnership agreement or similar business organization documentation ..... RCW 43.215.230
- Copy of the federal Internal Revenue Service letter showing applicant’s employer identification number (EIN)
- Floor plan of the facility (drawn to scale)..... WAC 170-297-1250
- Proof of liability insurance..... WAC 170-297-350, RCW 43.215.535

**Background check process requirements:**

- Complete the background authorization process for the applicant, staff and volunteers. Begin the background check process by going to the Managed Education & Registry Information Tool (MERIT). You can find this at: [merit.del.wa.gov](http://merit.del.wa.gov) or <https://apps.del.wa.gov/MERIT/Home/Welcome?ReturnUrl=%2fMERIT>

The licensing process will not be completed until all required background checks have been processed by DEL..... WAC170-06

**If the license applicant is an individual also submit the following:**

- Copy of photo identification of applicant ..... WAC170-297-1250
- Copy of social security card or declaration if you do not having a social security card

**In addition to the completed application, you must submit the following documents to DEL within 60 days.**

- Parent policies ..... WAC 170-297-2375
- Program/operations policies..... WAC 170-297-2400
- Staff policies ..... WAC 170-297-2425
- Off-site activity policy (if applicable)..... WAC 170-297-2450
- Disaster Plan ..... WAC 170-297-2850
- Health care plan signed by health care professional ..... WAC 170-297-3200
- Bloodborne Pathogens plan ..... WAC 170-297-1850



- Staffing plan to include:
  - The number and position types
  - How staff qualifications will be verified
  - Projected staff training plan for the first year of the program ..... WAC 170-297-1250

**Application Checklist**

- On-site septic system inspection report if applicable ..... WAC 170-297-1375
- Well water testing results if applicable ..... WAC 170-297-1400
- Lead or arsenic evaluation agreement if applicable ..... WAC 170-297-1360

**The following must be submitted for management staff as required:**

- Director and Site coordinator: resume, copies of diploma and education transcript ..... WAC 170-297-1710; 170-297-1715

**The following must be kept on file for staff and the facility profile updated in MERIT as required:**

- Copy of TB skin test results ..... WAC 170-297-1750
- Copy of current CPR and First Aid cards ..... WAC 170-297-1825
- Copy of current HIV/AIDS training ..... WAC 170-297-1850
- Copy of Washington State food worker card ..... WAC 170-297-7675