



DIVISION OF EARLY LEARNING
Licensing and Compliance Unit

PHONE: (202) 727-1839 • FAX: (202) 741-5304

FOR AGENCY USE ONLY	
Date Received	
Check/Money Order#	
Amount Received	
Received By	
Assigned Licensing Specialist	

CHILD DEVELOPMENT HOME LICENSE APPLICATION
 Type or print clearly

SECTION I TYPE OF APPLICATION

<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> CHANGE IN OPERATION (with OSSE approval)	<input type="checkbox"/> Program Space	<input type="checkbox"/> Program
<input type="checkbox"/> RENEWAL	Effective ((mm/dd/yyyy) _____		
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> OTHER	_____	
<input type="checkbox"/> NOTIFICATION OF CLOSURE	Effective ((mm/dd/yyyy) _____		

SECTION II APPLICANT & HOME INFORMATION

Official Name of Facility/legal name of applicant		Age	Last 4 digits of Social Security #	
Physical Address of Facility to be stated on the license				<input type="checkbox"/> House <input type="checkbox"/> Apartment
Phone number	Fax Number	Email address		
<i>If mailing address is different please complete this section</i>				
Address				
How many years have you lived at this address?		Language spoken in home		
How many years have you lived in Washington, DC?		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
Age and Number of persons residing in home:				
<input type="checkbox"/>	Under 4 years	<input type="checkbox"/>	Under 8 years	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Between 5 & 16 years	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Over 18 years	
Other Adults in the Home (Not applicant) Do not list the names of persons under 18 years of age				
Name		Age	Relationship	
1.				
2.				
3.				
4.				

SECTION III FACILITY OPERATION INFORMATION

Maximum number of children to be cared for _____	Ages of Children to be served _____
<i>Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule) Put the hours in the box(es) below the days box (if the hours are not the same every day)</i>	
<input type="checkbox"/> All Year (Jan – Dec)	<input type="checkbox"/> School year only
<input type="checkbox"/> Summer only June - Aug	Hours of Operation: _____
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday	

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SECTION IV PROPERTY OWNERSHIP

Name of Legal Owner		
Physical Street Address of the Owner	City & State	Zip code +4

SECTION V ADDITIONAL INFORMATION

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions 1 through 7 below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

1. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the CRCFD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the section below.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
(a) Name on the previous license or certificate	License/Certificate Number & State
(b) Address on the previous license or certificate:	Year(s) of operation:
4. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this CRCFD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has the use of drugs and/or alcohol resulted in an impairment of your ability to provide adequate care for children?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION VI AGREEMENTS AND AUTHORIZED SIGNATURE (Read each statement and sign)

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions 1 through 8 below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

1. I live in the home to be licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. I understand the requirements to report known or suspected child abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I have permission from the owner/landlord to operate a Child Development Home on the premises.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. I shall notify the licensing agency when we want to discontinue our license.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I understand that a new application may take up to 90 days for processing by the Office of the State Superintendent of Education, Early Childhood Education, once a complete application and fee is received	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. I attest, under penalty of perjury, that to the best of my (our) knowledge, that the information provided in this application is true and correct.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Owner

Date

Signature of Spouse if married

Date

RETURN TO: **Office of the State Superintendent of Education, Child Care Licensing Unit,
810 First Street, NE, 4th Floor
Washington, DC 20002**

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CLEAN HANDS CERTIFICATION

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE DEPARTMENT PROCEED IMMEDIATELY TO DENY THE LICENSE FOR WHICH YOU ARE NOW APPLYING, OR REVOKE A LICENSE WHICH YOU ALREADY HAVE, AND FINE YOU \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996" (EFFECTIVE MAY 11, 1996, D.C. LAW 11-118, D.C. CODE§47-861 et seq.).

I, _____, certify that as of _____ I do not owe more than \$100.00 to the District of Columbia as a result of:
PRINT NAME CLEARLY DATE

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

SIGNATURE OF APPLICANT

TITLE

RETURN WITH THE APPLICATION TO: The State Superintendent of Education, Early Childhood Education, Child Care Licensing Division, 810 First Street, NE, 4th Floor, Washington, DC 20002 Phone (202) 442-5929.

YOU CAN MAKE A DIFFERENCE! Report Violations of fraud, waste, abuse, and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING the OIG at (202) 727-9846 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.

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Applicants for Child Development Facility licensure, who are incorporated or who are with an association, must complete the following information pursuant to Title 29 DCMR, Chapter 3, Child Development Facilities, Section 306.3b

29 DCMR 306.3b “Each application shall contain the following information, all of which shall be a matter of public record available for inspection upon request during regular business hours:

- (a) The name, age, address and occupation of the person making the application, or in the case of a corporation or association, the names, ages, addresses, and occupation of the officers and directors.”

1. Full Name of the Corporation: _____

2. Address of the Corporation: _____
Number Street City State Zip Code

3. Telephone Number: _____ Fax Number: _____
Area Code Area Code

4. Names, Ages, Addresses and Occupation of the Officers and Directors:

A. Officer

Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Director(s)

Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return this form with the License Application, the original Certificate of Good Standing, Clean Hands Act Certification, and applicable license fee.

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