



Office of the



State Superintendent of Education

**CHILD DEVELOPMENT CENTER LICENSE APPLICATION – INITIAL APPLICATION**

Type or print clearly

**FOR AGENCY USE ONLY**

Date Received

Check/Money Order #

Amount Received

Received By

Licensing Specialist

**SECTION I TYPE OF APPLICATION**

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

**SECTION II FACILITY INFORMATION**

Official Name of Facility/legal name of applicant		
Physical Address of Facility to be stated on the license		
Phone number	Fax Number	Email address
<i>If mailing address is different please complete this section</i>		
Physical Street Address of the Owner	City & State	Zip code

**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	

**SECTION IV LEGAL OWNERSHIP/OPERATOR INFORMATION**

Name of Legal Owner/Entity		
<input type="checkbox"/> Individual, partnership or association(not incorporated)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government agency
<input type="checkbox"/> Other	FEIN Number or Social Security Number	Date of Birth
Physical Street Address of the Owner/Operator	City & State	Zip code +4
Phone number	Fax Number	Email address
<b>*** COMPLETE ALL INFORMATION REQUESTED IF OWNER IS A PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY OR OTHER.</b>		
Name of applicant/agent/contact person	Bus. License #	
Physical Address		
Phone number	Fax Number	Email address

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**SECTION V PROPERTY OWNERSHIP**

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

**SECTION VI 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 5 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 CCLU?	<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? <i>(If "Yes," be sure to complete the section below.)</i>	<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. 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

**SECTION VII AGREEMENTS AND AUTHORIZED SIGNATURE** (Read each statement and sign at the bottom.)

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. I/we understand the requirements to report known or suspected child abuse.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. I/we 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
3. I/we have a valid lease and permission from the owner/landlord to operate a Child Development Facility on the premises.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. I/we shall notify the licensing agency when we want to discontinue our license.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. 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
6. I/we understand that a <b>new</b> application may take up to <b>90 days for processing</b> by Office of the State Superintendent of Education, Division of Early Childhood Education, Compliance and Integrity Division, Child Care Licensing Unit (CCLU), once CCLU receives a complete application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I/we 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/Agent

\_\_\_\_\_  
Date

**RETURN TO: The Office of the State Superintendent of Education, Division of Early Childhood Education, Compliance and Integrity Division, Child Care Licensing Unit, 810 First Street, NE, 4th Floor, Washington, DC 20002 Phone: 202.442.5929**

