



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

DIVISION OF EARLY LEARNING LICENSING AND COMPLIANCE UNIT (LCU)

PHONE: (202) 727-1839 • FAX: (202) 727-7295

MAILING ADDRESS: 810 FIRST STREET, NE • Fourth
FLOOR • WASHINGTON DC 20002

FOR AGENCY USE ONLY

Date Received

Check/Money Order#

Amount Received

Received By

Assigned Licensing Specialist

CHILD DEVELOPMENT CENTER LICENSE APPLICATION

Type or print clearly

SECTION I TYPE OF APPLICATION

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	<input type="checkbox"/> AMENDED <input type="checkbox"/> Program Space <input type="checkbox"/> Program <input type="checkbox"/> Ownership Effective (mm/dd/yyyy) _____ <input type="checkbox"/> OTHER _____ Effective (mm/dd/yyyy) _____
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SECTION II FACILITY INFORMATION

Official Name of Facility/Legal Name of Applicant				
Physical Address of Facility to be stated on the license				
Street Address	City	State	Zip Code	Ward
Phone Number	Fax Number	Email Address		
<i>If mailing address is different, please complete this section:</i>				
Physical Street Address of the Owner		City and 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)</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 OWERSHIP/OPERATOR INFORMATION

Name of Legal Owner/Entity		
<input type="checkbox"/> Individual, partnership, or association (not incorporated)	<input type="checkbox"/> Corporation Government agency	<input type="checkbox"/> Other _____
FEIN Number		
Physical Street Address of the Agent/Owner		
Phone Number	Fax Number	Email Address

***	COMPLETE ALL INFORMATION REQUESTED IF OWNER IS A PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY, OR OTHER.	
Name of Applicant/Agent/Contact person		FEIN:
Physical Address		
Phone Number	Fax Number	Email Address

SECTION V PROPERTY OWNERSHIP

Name of Legal Owner		
Physical Street Address of the Owner	City and State	Zip code

SECTION VI ADDITIONAL INFORMATION

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any the questions 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 LCU?		<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 and 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 LCU?		<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 any of the questions 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 operating a licensed child development facility.	<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 new application may be denied if I fail to provide a complete application within 90 days of the initial submission.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I/we understand that a new application may be denied if I demonstrate inability to abate the identified deficiencies within the required timeframes specified by OSSE, which shall not exceed 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. I/we attest, under penalty of perjury, that to the best of my (our) knowledge, the contents of this application and the information provided with it are true, accurate, and complete.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Owner/Agent

Date

Center Director

Date

RETURN TO:

**Office of the State Superintendent of Education
Early Childhood Education
Child Care Licensing Unit
810 First Street, NE, Fourth Floor
Washington, DC 20002
Phone: (202) 727 – 1839**

PLEASE RETAIN A COPY FOR YOUR RECORDS



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

DIVISION OF EARLY LEARNING
Licensing and Compliance

Dear Child Development Facility Provider:

Each applicant applying for a renewal license shall pay an application fee in the amount of seventy-five dollars (\$75.00) when submitting the application.

5-A DCMR, Chapter 1, Child Development Facilities: The child development facility licensure fee schedule is as follows:

LICENSE CAPACITY	RENEWAL FEE
(a) Child Development Center, 1 – 50 Children	\$600.00
(b) Child Development Center, 51 – 100 Children	\$900.00
(c) Child Development Center, 101 – 175 Children	\$1,200.00
(d) Child Development Center, Over 175 Children	\$1,500.00
(e) Fee to Replace an Issued License	\$100.00
(f) Fee to Replace an Amended License	\$100.00
(g) Penalty Fee for Renewal License (90-day Extension)	\$100.00
(h) Penalty Fee for Renewal License (180-day Extension)	\$200.00

An application is considered complete when the application, applicable fees, and required documents listed on the application checklist, are submitted.

Make your check or money order fee payment payable to the “DC Treasurer” and attach it to the application.

Fee payment is non-transferable and non-refundable.

All license renewal fees must be paid prior to the release of each license.

Should you have any questions or require assistance, please contact the licensing and compliance unit office at (202) 727-3761.

Sincerely,

Clement Idun
Program Manager

Child Development Facility: _____ Date: _____

- Center Staff and Volunteers Information - Pursuant to 5-A DCMR, Chapter 1, Child Development Facilities: Licensing

	Administrative Information for Staff and Volunteers:	Center Staff and Volunteer Name		
		Staff	Staff	Staff
	Name of Staff -			
	Date of Birth -			
C E N T E R D I R E C T O R	Job Title -			
	Date of Hire -			
	Years of Required Experience -			
	Qualification: 164.1 (a) - BS/BA or higher with at least 15 credit hours or recognized equivalent in ECE, EE, or ESE.			
	164.1 (b) - AA degree in ECE/ECD, three years supervised occupational experience with children in a licensed District of Columbia CDC or equivalent in another jurisdiction, provided he/she earns a BS/BA or more advanced degree as described in 164.1 (a) by December, 2022.			
	164.1 (c) - Forty-eight (48) credit hours from an accredited institution with at least 15 semester credit hours in ECE or ECD, have at least four years of supervised occupational experience, and be employed as a qualified Center Director in a licensed Child Development Center in the District of Columbia on the effective date of these regulations. Center director must achieve compliance with 164.1 9 (a) or (b) by December, 2022.			
	164.1(d) - Montessori School Director earn a Montessori certificate issued by specified accredited programs and have three years of supervised occupational experience.			
A S S I S T A N T D I R E C T O R	164.1 (a) - BS/BA or higher with at least 15 credit hours or recognized equivalent in ECE, EE, or ESE.			
	164.1 (b) - AA degree in ECE/ECD, three years supervised occupational experience with children in a licensed District of Columbia CDC or equivalent in another jurisdiction, provided he/she earns a BS/BA or more advanced degree as described in 164.1 (a) by December, 2022.			
	164.1 (c) - Forty-eight (48) credit hours from an accredited institution with at least 15 semester credit hours in ECE or ECD, have at least four years of supervised occupational experience, and be employed as a qualified Center Director in a licensed Child Development Center in the District of Columbia on the effective date of these regulations. Center director must achieve compliance with 164.1 9 (a) or (b) by December, 2022.			
	164.1 (d) - Montessori School Director earn a Montessori certificate issued by specified accredited programs and have three years of supervised occupational experience.			

	Administrative Information for Staff and Volunteers:	Center Staff and Volunteer Name		
		Staff	Staff	Staff
	Name of Staff Person -			
	Date of Birth -			
	Job Title -			
	Date of Hire -			
	Years of Experience -			
T E A C H E R	165.1 (a) - Associate's degree or higher from an accredited college or university in ECE/ECD.			
	165.1 (b) - Associate's degree or higher from an accredited college or university w/ 24 credit hours in ECE/ECD and one year supervised occupational experience in a licensed CDC or equivalent.			
	165.1 (c) - 48 credit hours from an accredited college or university, 15 credit hours in ECE/ECD or child and family studies, two years of supervised occupational experience working with children in a licensed CDC or equivalent. Provided that he/she earns an associate as described in (a) or (b) by December, 2020.			
	165.1 (d) - High school diploma or equivalent and current Child Development Associate (CDA) credential with Assigned Age Classification provided that an associate degree in compliance with (a) or (b) is earned by December, 2020.			
	<i>CDA Expiration Date:</i>			
	165.1 (e) - Montessori teacher- Associates degree from an accredited institution and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.			
A S S I S T A N T	166.1 (a) - Associate's degree or higher from an accredited college or university.			
	166.1 (b) - Earned a high school diploma or equivalent, have current CDA credential, specifying age classification.			
	166.1 (c) - Earned a high school diploma or equivalent, and certification of training and competence in the field of ECE or ECD provided that a CDA credential is earned by November, 2018.			
	166.1 (d) - High school diploma or equivalent and have one year of supervised occupational experience working with children in a licensed facility, provided that a CDA credentials is earned by November, 2018.			
	<i>CDA Expiration Date:</i>			
	165.1 (e) - Montessori assistant teacher - Earned a minimum of 20 hours of Montessori specific training, completed an orientation specific to the school, and works under the supervision of a Montessori credentialed lead teacher.			
T E A C H E R	<i>CDA Expiration Date:</i>			
	165.1 (e) - Montessori teacher - Associates degree from an accredited institution and a Montessori certificate issued by the National Center for Montessori Education, American Montessori Society, or the Association Montessori International, or a program accredited by the Montessori Accreditation Commission for Teacher Education.			



Division of Early Learning - Licensing and Compliance Unit

Facility Capacity/Enrollment Form

Title 5A DCMR Chapter 1, 121.3 – A licensed Child Development Facility (“Licensee”) shall maintain the established adult-to-child ratios and group sizes specified at all times.

Facility Name:						Date:	
1 Group Age Range	2 Number of Children Enrolled	3 Name of Teacher/Shift	4 Name of Assistant Teacher/Shift	5 Name of Teacher Aide/Shift	6 Hourly Wage	FOR LICENSING SPECIALIST USE ONLY	
						7 Number of Children Present	8 Ratio Met or Not Met
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			
		AM PM	AM PM	AM PM			

Instructions for completing the form: (Please make copies as needed)

- Column 1 - Age of children in each group at facility
- Column 2 - Number of children enrolled in each group at facility
- Column 3 - Name of teacher and shift worked

- Column 4 - Name of teacher assistant and shift worked
- Column 5 - Name of teacher aide and shift worked
- Column 6 - Provide hourly wage for each staff member (applies only to child care subsidy providers)

Clean Hands Act

Title 5-A Chapter 1, section §129.1 (e), each applicant is required to obtain “Clean Hands” Certification. This is necessary in order to obtain a license or permit from the District government, set out in D.C. Official Code § 47-2862. The certification must be issued by the District of Columbia Department of Tax and Revenue within 30 days of the date the application is submitted.

Building Use Agreement

Title 5-A Chapter 1, §103.5 (g) and §104.5 (e), each applicant is required to secure a contingency location through submission of a building use agreement. The notarized building use agreement is necessary to ensure a proper contingency location, a space that may be used to maintain child care services during emergency situations for no more than 30 days due to temporary closure.