DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
OSSE EDUCATION

DIVISION OF EARLY LEARNING
LICENSING AND COMPLIANCE UNIT (LCU)

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

MAILING ADDRESS: 1050 FIRST STREET, NE • Sixth FLOOR • WASHINGTON

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

CHILD DEVELOPMENT CENTER LICENSE APPLICATION

SECTION I TYPE OF APPLICATION

☐ NEW ☐ RENEWAL	☐ AMENDED ☐ ***Program Space*** ☐ ***Program Ownership*** *Effective (mm/dd/yyyy)* _____ ☐ **OTHER** _____ **Effective (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				
Street Address	City	State	Zip Code	Ward
Phone Number	Fax Number	Email Address	Website	Language Spoken in Facility
If mailing address is different, please complete this section:				
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 _____

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)

☐ All year (Jan-Dec) ☐ School year only ☐ Summer only (June – Aug.) Hours of Operation _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐	☐	☐	☐	☐	☐	☐

SECTION IV LEGAL OWERNSHIP/OPERATOR INFORMATION

Name of Legal Owner/Entity		
☐ Individual, partnership, or association (not incorporated) ☐ Corporation ☐ Government agency ☐ Nonprofit ☐ 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 Authorized Representative/Agent/Contact Person		Title:
Physical Address		
Phone Number	Fax Number	Email Address

SECTION V PROPERTY OWNERSHIP

Name of Legal Owner		Phone Number
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?	☐ YES ☐ NO
2.	Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the LCU?	☐ YES ☐ 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.)*	☐ YES ☐ 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?	☐ YES ☐ 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.	☐ YES ☐ NO
2.	I/we shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.	☐ YES ☐ NO
3.	I/we have a valid lease and permission from the owner/landlord to operate a child development facility on the premises.	☐ YES ☐ NO
4.	I/we shall notify the licensing agency when we want to discontinue operating a licensed child development facility.	☐ YES ☐ 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.	☐ YES ☐ 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.**	☐ YES ☐ 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.	☐ YES ☐ 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.	☐ YES ☐ 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
1050 First Street, NE, Sixth Floor
Washington, DC 20002
Phone: (202) 727 – 1839

PLEASE RETAIN A COPY FOR YOUR RECORDS