



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: 1050 FIRST STREET, NE • Sixth
FLOOR • WASHINGTON DC 20002

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 type="checkbox"/> NEW	<input type="checkbox"/> CHANGE IN OPERATION (With LCU approval)
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> <i>Program Space</i> <input type="checkbox"/> <i>Program</i> <input type="checkbox"/> <i>Ownership</i> Effective (mm/dd/yyyy) _____
<input type="checkbox"/> AMENDED	<input type="checkbox"/> OTHER _____ Effective (mm/dd/yyyy) _____

SECTION II HOME/EXPANDED HOME INFORMATION

Full Name of Applicant			Birthdate	Last 4 digits of Social Security #
Physical Address of Facility to be stated on the license				House <input type="checkbox"/>
				Apartment <input type="checkbox"/>
Phone Number	Fax Number	Email Address	Website	
<i>If mailing address is different please complete this section</i>				
Address				
How many years have you lived at this address?		Languages spoken at home		English <input type="checkbox"/>
				Spanish <input type="checkbox"/>
<i>Age and Number of persons residing in home:</i>				
Under 4 years	Under 8 years	Between 5 and 16 years	18 years and older	
List all residents of the home (not including the Applicant)				
First Name	Last Name	Date of Birth	Relationship	
1.				
2.				
3.				
4.				

SECTION III FACILITY OPERATION INFORMATION

Official Name of Facility/Name of Home Occupancy Permit (HOP)					
Business Incorporated: <input type="checkbox"/> YES <input type="checkbox"/> NO			TAX ID #		
Physical Address of Facility to be stated on the license					
Street Address		City	State	Zip Code	Ward
Phone Number	Fax Number	Email Address		Language Spoken in Facility	
<i>If mailing address is different, please complete this section:</i>					
Physical Street Address of the Owner			City and State	Zip code	

SECTION IV 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 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 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. 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 understand the requirements to report known or suspected child abuse.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. 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
3. I 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 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 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 understand that a new application may be denied if I fail to provide a complete application within ninety (90) days of the initial submission	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I 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 ninety (90) days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. I 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

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



CHILD DEVELOPMENT FACILITY LEGAL ENTITY(IES) INFORMATION

Applicants for Child Development Facility licensure, who are incorporated or who with an association, must complete the following information pursuant to Title 5A DCMR Chapter 1, Child Development Facilities, Section 103.1.

5A DCMR 103.1 An applicant for an initial license to operate a Facility under this chapter shall initiate the application in the name of the person or persons or legal entity or entities with ownership interests and who are responsible for operation of the Facility.

1. Full Name of the Legal Entity: _____

2. Address of the Legal Entity: _____
Number Street City Zip Code

3. Telephone Number: (____) _____ Fax Number: (____) _____

4. Child Development Center is Incorporated Yes, complete question 5 No, skip question 5

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

A. Officer

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

B. Director(s) Name Age Address Occupation

Director(s) Name	Age	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____
Owner/Agent

Date: _____



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NOTIFICATION AND APPLICATION FOR RENEWAL OF LICENSE

TO: _____
Name of Child Development Facility

Your current license to provide child care expires on _____

According to Title 5A DCMR, Chapter 1, Child Development Facilities, the Office of the State Superintendent of Education, Division of Early Learning, Licensing and Compliance Unit can issue a license to establish or maintain a child development facility for the care of a child or children under 15 years of age not to exceed three years. The license may be renewed for a period not to exceed three years.

If you wish to renew your child development facility license, please complete the attached renewal application and return by mail or in person with the applicable license fees no later than ninety 90 days prior to the license's expiration date.

A Child Development Facility will be assessed a late fee if the renewal application is incomplete or is submitted after the expiration date of the existing license.

You must sign and date the license application. An application for a renewal license shall include a signed declaration by the applicant, or by a person authorized to submit the application on the applicant's behalf if the applicant is not an individual, that the contents of the application and the information provided with it are true, accurate, and complete (5A DCMR 104.6).



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In addition to the required documentation listed on the application form, each applicant shall submit the following:

Fire Safety Inspection Certification	Fire and EMS Department 2000 14th Street, NW, Fifth Floor Washington, DC 20009 https://fems.dc.gov/
Certificate of Clean Hands (issued within thirty (30) days of the date the application is submitted)	District of Columbia Department of Tax and Revenue 1101 Fourth Street, SW, Suite 270 West Washington, DC 20024 http://otr.cfo.dc.gov/
Proof of Insurance	District of Columbia Office Risk Management One Judiciary Square 441 Fourth Street, NW Suite 800 South Washington, DC 20001 https://orm.dc.gov/
Building Use Agreement	OSSE 1050 First St. NE, Sixth Floor Washington, DC 20002

Renewal License Fees	
	Applicable Fee
Application and Pre-Licensure Inspection Fee	\$ 75.00
Child Development Home or Expanded Home	\$225.00
Child Development Center, 1 - 50 Children	\$600.00
Child Development Center, 51 - 100 Children	\$900.00
Child Development Center, 101 - 175 Children	\$1,200.00
Child Development Center, Over 175 Children	\$1,500.00

Penalty Fee For Renewal License Fees	
	Applicable Fee
90-day Extension	\$100.00
180-day Extension	\$200.00

You must sign your license renewal application form and include the appropriate license fee or it will be returned to you without action.



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CHILD DEVELOPMENT CENTER/HOME RENEWAL APPLICATION CHECKLIST

RENEWAL APPLICATION

- Submit the following document to the Office of the State Superintendent of Education, Division of Early Learning, Licensing and Compliance Unit:
 - Child Development Center/Home Renewal Application, application fee of \$75, and all applicable forms which include the following (See 5 DCMR 104.3, 104.4, 104.5, 104.6, 108.2):
 - Documentation of completion of Criminal Background Checks using Fieldprint and Suitability Letter
 - Fire Safety Inspection Certification from D.C. Fire and Emergency Medical Services (FEMS)
 - Clean Hands Act Certification (Within thirty 30 days of the date the application is submitted)
 - Certificate of Immunization Compliance issued by D.C. Department of Health
 - Proof of insurance that includes a reasonable coverage (i.e., commercial general liability, umbrella “Follow Form” liability, sexual abuse and molestation liability, and vehicle liability)
 - Notarized Building Use Agreement with required documentation (See 5A DCMR 103.5 (g)), if applicable
 - Safe Evacuation Site with facility closure consent statement (if applicable).

(revised 3.2019)