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 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

☐ **NEW**	☐ **CHANGE IN OPERATION** (With LCU approval)
☐ **RENEWAL**	☐ ***Program Space*** ☐ ***Program*** ☐ ***Ownership*** Effective (mm/dd/yyyy) _____
☐ **AMENDED**	☐ **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 ☐ Apartment ☐
Phone Number	Fax Number	Email Address	Website	
If mailing address is different please complete this section				
Address				
How many years have you lived at this address?		Languages spoken at home		English ☐ Spanish ☐

Age and Number of persons residing in home:

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: ☐ YES ☐ 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	
If mailing address is different, please complete this section:				
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?	☐ 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 understand the requirements to report known or suspected childabuse.	☐ YES ☐ NO
2. I shall obtain approval from the licensing agency before making changes in our license capacity, or to our home.	☐ YES ☐ NO
3. I have a valid lease and permission from the owner/landlord to operate a Child Development Facility on the premises.	☐ YES ☐ NO
4. I shall notify the licensing agency when we want to discontinue operating a licensed child development facility.	☐ YES ☐ 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.	☐ YES ☐ 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**	☐ YES ☐ 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.	☐ YES ☐ 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, andcomplete.	☐ YES ☐ 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