

**DEPARTMENT OF SOCIAL SERVICES
BUREAU OF LICENSING
P.O. BOX 3078, BATON ROUGE, LA 70821
627 NORTH 4th STREET, 1st FLOOR, BATON ROUGE, LA 70802
PHONE: (225) 342-9905 FAX: (225) 342-9690**

**APPLICATION FOR LICENSE
TO OPERATE A CHILD DAY CARE CENTER**

1. IMPORTANT NOTES

For All Initial or Change of Location Licenses: A License is required **PRIOR** to opening. An initial application fee of **\$25.00** is required. Additional license fees, if any, are due after initial survey and prior to issuance of a license.

For All Change of Ownerships: The full licensure fee, completed application form and information noted in Section 5303.A.4 of the Child Day Care Class A Minimum Standards or Section 5359.A.4 of the Child Day Care Center Class B Minimum Standards are required prior to the act of sale.

For All License Renewals: Each provider is solely responsible for obtaining forms to apply for the renewal of your license. The total license fee and completed application forms are required at least 30 days prior to anniversary date of the current license. (Church-owned Class B licensed centers do not pay a renewal fee.) Applications can be downloaded at http://www.dss.state.la.us/departments/os/Licensing_.html

Payment of All Fees: All fees are to be paid by **CERTIFIED CHECK OR MONEY ORDER** made payable to the **Department of Social Services**. **Do NOT send cash, business or personal checks**. Fees are **NON-REFUNDABLE**.

2. TYPE OF LICENSE

(Check One Only)

- Initial Application
- Renewal Application for License
#: _____

(Check One Only)

- Class "A"
- Class "B"

(Check All Appropriate)

- Change of Ownership
- Change of Location
- Change in Director

3. CENTER INFORMATION

Center Name:

Location Address:

Street _____ City _____ State _____ Zip Code _____

Mailing Address:

Street/P.O. Box _____ City _____ State _____ Zip Code _____

Center Phone No.:

() ()

Office Phone No.:

() ()

Parish:

Center E-Mail Address:

4. ORGANIZATIONAL STRUCTURE (Owner of Business)

Check one:

- Individual Partnership Church University

- Corporation – Name: _____

Address: _____

Telephone Number: _____

- Governmental – If governmental, please specify which: State City Parish Federal

- Other – Describe: _____

Owner's Name(s):			
Owner's Address:			
Street	City	State	Zip Code
Owner's Telephone Number: ()			
Officers of the Board:			
Name	Complete Address (including zip code)	Phone	
Ownership: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit		IRS Number:	
5. CENTER DIRECTOR Director must meet the qualifications prior to being appointed. Documentation must be submitted to the Bureau verifying that qualifications are met.			
Name:			
Title	First	Middle	Last
(Examples of Titles are Mr., Mrs., Ms., Rev., Sr., Pastor. Other titles not listed here are acceptable.)			
Home Address:			
Street	City	State	Zip Code
Home Telephone Number: ()			
Date Hired at This Facility in Any Capacity:		Date Hired as Director:	
Years of Experience in a Licensed Center:			
Director Responsible for Other Centers?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list Centers below and complete Item 6:			
6. DIRECTOR DESIGNEE – CLASS A ONLY (A Director Designee is needed only if the Director is responsible for more than one center or if the Director is not present at the center on a full-time basis. This applies to only Class A Day Care Centers.) A Director Designee must meet the qualifications prior to being appointed. Documentation must be submitted to the Bureau verifying that qualifications are met.			
Name:			
Title	First	Middle	Last
Home Address:			
Street	City	State	Zip Code
Home Telephone Number: ()		Years of Experience in a Licensed Center:	
Date Hired at This Facility in Any Capacity:		Date Hired as Director Designee:	

7. PERSONAL REFERENCES FOR DIRECTOR/DIRECTOR DESIGNEE

(No Relatives or Current Employees/Employers)

This section is to be completed for all initial applications and whenever there is a change in Director or Director Designee. Please list a minimum of THREE references.

PERSONAL REFERENCES FOR DIRECTOR

Name	Mailing Address (including zip code)	Phone Number
		()
		()
		()

PERSONAL REFERENCES FOR DIRECTOR DESIGNEE

Name	Mailing Address (including zip code)	Phone Number
		()
		()
		()

8. FUNDING SOURCE (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Private Pay | <input type="checkbox"/> Child Care Food Program | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> FIND Work | <input type="checkbox"/> OCS Vendor Program | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Other – Describe: _____ | | |

9. SERVICES (Check all you wish to provide)

- | | | |
|--|---|---|
| <input type="checkbox"/> All Day | <input type="checkbox"/> Half Day | <input type="checkbox"/> Nighttime care (after 9:00 pm) |
| <input type="checkbox"/> Transportation – To/From Home or School | <input type="checkbox"/> Sick Care (Additional fee needed for licensure.) | |
| <input type="checkbox"/> Transportation – Field Trips | | |

10. CENTER OPERATIONS

Licensed Capacity (Proposed, if new facility):	Number of Buildings Used by Children:
Age Range: _____ Weeks Months Years TO _____ Weeks Months Years (circle one) (circle one)	
Months Open During Year: All 12 Months <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Months Open: _____ to _____)	
Days Open During Week (Circle): M T W TH F S S	Hours Open: _____ a.m. p.m. TO _____ a.m. p.m. (circle) (circle)

11. DECLARATION STATEMENTS - Certification by Owner/Director

I understand that a licensing inspection will be made by the DSS Bureau of Licensing, the State Fire Marshal, the Office of Public Health, and other local agencies as may be appropriate (Zoning, City Fire, etc.)

ALL AGENCIES MUST GIVE THEIR APPROVAL PRIOR TO LICENSURE AND OCCUPANCY.

I certify that I have personally completed the Disclosure Form attached to this Application. I further certify that I have carefully investigated all facts necessary to complete this Application, including the attached Disclosure Form, and that all information contained in this Application and Disclosure Form is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Application, or on the attached Disclosure Form, may cause my application to be denied. I further understand that failure to provide complete information may result in my application being delayed or my license denied or not renewed. I further understand that knowingly providing false information may result in criminal charges.

I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license being denied or revoked.

Date:

Authorized Official Signature:

Type or Print Name and Title:

DISCLOSURE FORM FOR BACKGROUND INFORMATION

Instructions: Answer **all** questions completely. For each question, check "Yes" or "No." If the answer for any question is "Yes," list the question number, the name of the person(s) to whom the answer applies, and that person's position (owner, director, employee, etc.) **and submit on a separate sheet of paper.**

Name of Center:

Address of Center:

Street/P.O. Box

City

State

Zip Code

Name of Owner:

Name of Director:

Yes	No	1. Has the owner, director, or any employee ever been convicted of, or pled guilty or <i>nolo contendere</i> to any felony? If your answer is "Yes", please provide the name of the person, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes	No	2. Has the owner, director, or any employee ever been convicted of, or pled guilty or <i>nolo contendere</i> to any misdemeanor involving a juvenile, elderly, or infirm victim? If your answer is "Yes", please provide the name of the person, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes	No	3. Has the owner, director, or any person named on the application ever used, or been known by, any name other than that listed, including any maiden name, former married name, legally changed name, or alias? If your answer is "Yes", please provide the present name of that person, each other name used, the dates that other name/names were used, and the reason for the name change (e.g., marriage, divorce, court-approved name change, etc.).
Yes	No	4. Has the owner, director, or any employee ever had a license to operate any type of child care facility or child placing agency denied, revoked, suspended, or not renewed? If your answer is "Yes", please provide the name of the person, the name of the facility or agency, the date of the license denial, revocation, suspension or non-renewal, the type of adverse action involved (e.g., license denial, license revocation, license suspension, license not renewed), the name of the regulatory agency or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes	No	5. Has the owner, director, or any employee ever been denied approval, or had approval denied, revoked, suspended, or not renewed, to serve as a foster or adoptive parent? If your answer is "Yes", please provide the name of the person, the date of the denial, revocation, suspension, or non-renewal, the type of adverse action involved (approval/licensure to serve as foster or adoptive parent denied, approval/licensure revoked, approval/licensure suspended, approval/licensure not renewed), the name of the regulatory or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes	No	6. Has the owner, director, or any employee ever had a child in his/her care or custody removed from his/her home in any child protection, child in need of care, termination of parental rights, or any similar proceeding? If your answer is "Yes", please provide the name of this person, the date of the removal, the court ordering the removal, the city and state where the court is located, and the final disposition of the case.
Yes	No	7. Has the owner, director, or any employee ever been the object of a validated complaint of abuse, neglect, or exploitation of any child or of any elderly or infirm person? If your answer is "Yes", please provide the name of the person, the date of the incident, the city and state where the incident occurred, the nature of the incident, and the name of the agency determining the complaint to be valid.

Date:

Authorized Official Signature:

Type or Print Name and Title: