

**INSTRUCTIONS FOR COMPLETING
THE
APPLICATION FOR LICENSE TO OPERATE GROUP CHILD CARE HOME OR
CHILD CARE CENTER BCC-1**

IDENTIFYING INFORMATION

Name of Facility: Enter the owner's name or the facility's registered fictitious name, if applicable. (Legal Name).

Group Child Care Home or Child Care Center: Check the type of facility you plan to operate.

Initial: Check this box if the application is for an initial license.

Renewal: Check this box if the application is for renewal license.

Location: Enter the physical address location of the child care facility.

Mailing Address: If different from the physical address, enter the mailing address of where the facility wants to receive its mail.

County: Enter the county where the facility is located.

Directions to Facility: Enter step by step directions on how to locate the child care facility.

Facility Phone Number: Enter the facility telephone number.

Is facility currently licensed by any other state agency? Check yes or no. If checking yes, you must provide an explanation. The explanation should include the name of the agency, the type of service you provide, and the length of time you have been providing the service.

LICENSE SPECIFICATIONS REQUESTED

Number Under Age Two: Enter the total number of children under age two you are requesting to serve.

Number Preschool/School Age: Enter the total number of preschool/school age children you are requesting to serve.

Total Capacity of Children at One Time: Enter the total number of children you are requesting to provide child care services for at one time. The total capacity must equal the sum of under age two and preschool/school age children. Do not include the additional children who may be in care during an approved overlap period.

Age Range of Children: Enter the minimum and maximum ages for the children you expect to serve. For example, Birth through 12 years of age.

Hours of Operation: Check the applicable box(es) of operation. If you plan to operate 24-hour care, you check only that box.

Days of Operation: Check the days of the week the facility will be in operation.

Months of Operation: Check the months the facility will be in operation. If you plan to operate all 12 months, you only have to check the "All 12 months" box.

ADMINISTRATION

List Names(s) of Owners(s), Organization or Corporation Operating Child Care Facility.

Name: Enter the name of the entity legally responsible for operation of the child care facility. This may be an individual, organization, corporation, LLC, etc.

Social Security Number: Enter the social security number if the entity legally responsible is an individual. This box should be left blank if the entity legally responsible is an organization, corporation, LLC, etc.

Address: Enter the address of where the owner wants to receive mail. This may be a corporate address, home address or the address of the facility.

Telephone Number: Enter the direct contact telephone number for the entity or individual legally responsible for the facility.

Is ownership registered with Office Secretary of State? Check yes or no.

If yes, please check: Check the Fictitious Name, Corp., LLC, LLP, or other box. If checking other, provide a description.

Name of Board President or Chairperson, if incorporated: Enter the name of the Board President or Chairperson.

Social Security Number: Enter the Social Security number of the Board President or Chairperson.

Address: Enter the address of where the Board President or Chairperson wants to receive mail.

Telephone Number: Enter the direct contact telephone number for the Board President or Chairperson.

LIST NAME OF DIRECTOR/GROUP CHILD CARE HOME PROVIDER BELOW

Name: Enter the name of the Director or Group Child Care Home Provider. This may be left blank on initial application only. In some cases, the director may not be hired or approved at the time of application.

Social Security Number: Enter the Director or Group Child Care Home Provider's Social Security number.

Address: Enter the address of where the Director or Group Child Care Home Provider wants to receive mail.

Telephone Number: Enter the Director or Group Child Care Home Provider's direct contact telephone number.

PHYSICAL PLANT

Floor(s) for child care: Check all the floors that will be used for child care services.

Water system: Check the type of water system that will be used by the facility.

Source and Type of Heating System: Enter the source and type of facility heating system.

Sewage Disposal System: Check the type of sewage disposal system that will be used by the facility. If you check "other", you must document what is the "other".

Signature of Owner(s)/Board Chairperson/Designee: The signature box must be signed by the Owner, Board Chairperson, or a Designee. The title of the person signing must be circled. If signed by the designee, the Owner/Board Chairperson must provide written documentation authorizing the designation.

Date: Enter the date the application was signed.

Note: An incomplete application could cause the application to be returned and will impact the time frame for the facility to achieve licensure. The BCC-1 is to be returned to the local office shown at the top of the application page. The provider keeps the pink copy.