

**INSTRUCTIONS FOR COMPLETING
THE
APPLICATION FOR LICENSE TO OPERATE CHILD CARE HOME BCC-2-1**

IDENTIFYING INFORMATION

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

Applicant's Residence: Check this box if the facility will be located in the applicant's residence.

Other Location: Check this box if the facility will be located in a location other than the applicant's residence.

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.

Facility Telephone: Enter the facility telephone number.

Mailing Address: If different than 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.

E-Mail Address: Enter the e-mail address of the owner.

Are you currently licensed by any other state agency? Check yes or no. If 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

Capacity: Enter the total number of children you are requesting to provide child care services for at one time. 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 of 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, check only that box.

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

Months of Operation: Check each month 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. (Attach additional pages as needed).

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.

Address: Enter the address 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.

Incorporated or other legal identity registered with Office Secretary of State: Check yes or no.

Date of incorporation: Enter the date of incorporation.

If incorporated, list name of Board President or Chairperson

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

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.

If incorporated, List Name of Child Care Home Provider:

Name: Enter the name of the child care home provider, if incorporated.

Address: Enter the address of where the child care home provider wants to receive mail.

Telephone Number: Enter the direct contact telephone number for the child care home provider.

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, written documentation of the designation must be provided by the Owner/Board Chairperson.

Date: Enter the date the application was signed.

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

List names of all household members including provider: All household members, regardless of age, must be included.

Name: Enter the name of each specific household member.

Social Security Number: Enter the Social Security number of each specific household member.

Sex: Enter an "X" in the box for the sex of each specific household member.

Date of Birth: Enter the date of birth for each specific household member.

Relationship to provider: Enter the relationship of each specific household member to the provider. The provider should identify his/her relationship to him/herself as "self".

Does any household member depend upon the applicant/provider for extensive health care during the hours of child care? Check yes or no. If checking yes, an explanation must be provided.

ADMINISTRATION

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

Name of Board President or Chairperson: Enter the name of the Board President or Chairperson.

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

Name of Child Care Home Provider, if incorporated: Enter the name of the child care home provider, if incorporated.

Social Security Number: Enter the social security number of the child care home provider.

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. This document is to be returned to the local office identified at the bottom of the BCC-2-2 page. The BCC-2-2 is to be returned with the BCC-2-1. The provider retains a copy for their records.