Office Use Only

CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

APPLICATION FOR PROVISIONAL CHILD CARE LICENSE

APPLICANT INFORMATION: This person must be the owner of the child care facility, or if the business owner is a corporation, the President or Registered Agent according to the provider's State of Alaska Business License. This person may be different from the individual (Administrator) who is responsible for maintaining compliance with child care licensing regulations and the day to day operations of the facility.

Name of Applicant (Owner): _____ Title:_____

Social Security Number: _____ DOB:_____

Mailing Address:_____
(PO Box/Street) (City/State/Zip)

Phone Number:_____Fax Number:_____

Email Address:_____ myAlaska Account User Name: _____

PROPERTY/BUILDING OWNER INFORMATION: If same as Applicant, check the box below attesting there are no restrictions forbidding you to operate a child care business at the physical address of the facility noted in Facility Information section on next page. If different than Applicant, each line in this section must be completed with the property owner's information and the property owner/manager must submit a signed and dated ***Permission to Operate a Child Care Business*** **CC72** form, as evidence of permission to operate a licensed child care facility on the premises.

☐ I attest that the covenants, home owners' association bylaws, and other applicable neighborhood restrictions do not forbid operating a child care business at this address.

Name of Property Owner:_____ Title:_____

Mailing Address:_____
(PO Box/Street) (City/State/Zip)

Phone Number:_____Fax Number:_____

Email Address:_____

FACILITY INFORMATION: Select the form of organization and enter the name of your child care facility as listed on your State of Alaska business license and any legal documents pertaining to your business. Research should be conducted prior to choosing the name of your facility to ensure the name chosen will not be confused with another facility.

☐ Cooperative Corporation ☐ Nonprofit Corporation ☐ Professional Corporation ☐Religious Corporation
☐ S Corporation ☐ General Partnership ☐ Limited Liability Partnership ☐ Limited Partnership
☐ Sole Proprietorship ☐ Limited Liability Company

Name of Facility:_____

Physical Address:_____
(Street) (City/State/Zip)

Mailing Address:_____
(PO Box/Street) (City/State/Zip)

Phone Number:_____Fax Number:_____

Email Address:_____

FACILITY TYPE: Choose the type of child care facility license you are seeking. Approval of a facility type will be determined based on the requirements for the license type:

☐ **Home:** Must have at least 1 caregiver/Administrator who is at least 21 years of age; allows up to 8 children usually in an occupied residence; meets child-to-caregiver ratios; and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

☐ **Group Home:** Must have 2 adult caregivers, 1 of which is the Administrator who must be at least 21 years of age; allows from 9 to 12 children usually in an occupied residence; meets child-to-caregiver ratios; and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

Exception: An applicant may be licensed as a group home with only 1 adult caregiver if the caregiver is either the Administrator or the Administrator's designee who is at least 21 years of age; allows from 9 to 12 children usually in an occupied residence; must have 1 year of licensed home child care experience or the equivalent, or 12 semester hours of college credit in early childhood development, child development, child psychology, or the equivalent, or hold a current Child Development Associate (CDA) credential or Montessori Certificate; the total number of children in care consists only of children of school age (7 through 12 years), including the caregiver's children younger than 13 years of age, or is 10 or fewer, including the caregiver's children younger than 13 years of age, none of the total is younger than 30 months of age, and not more than 2 of the total are non-ambulatory; and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

☐ **Center:** Must have a qualified Administrator, a Child Care Associate for each 30 children, meets child-to-caregiver ratios, allows 13 or more children, and must have 35 square feet of usable indoor space and 75 square feet of outdoor recreation space per child.

Please note: Additional requirements per facility type may be applicable prior to licensure, for example: meeting local city planning and/or zoning requirements, obtaining Fire Marshal approval (required if caring for 6 or more children, by a municipality to which the state Fire Marshal has deferred building safety inspection and enforcement activities under 13 AAC 50.075(c), or if operating any hours after 10:00pm or before 6:00am, or 24 hours a day), and receiving approval or meeting the Department of Environmental Conservation (DEC) requirements, if applicable, for food service, well water, and/or a septic system. Occupancy rating, as applicable to facility type, is based upon your local or State of Alaska Fire Marshal's office. The Fire Marshal's office will state whether or not you have to reside in the facility.

NUMBER OF CHILDREN TO RECEIVE CARE (capacity): Enter the number of children you want to be licensed for, in a Home or Group Home this will include your own children (including foster care children) younger than 13 years of age. The capacity will be approved based on the child care facility meeting specific requirements by facility type, for example: required square footage per child, number of toilets and sinks in the facility, local city planning and/or zoning requirements, and local Fire Marshal approval.

Requested Capacity:_____

AGE RANGE: Enter the age range of the children you want to care for younger than 13 years of age, including your own children and foster care children if applicable.

Requested Age Range: _____ through _____

HOURS OF OPERATION: Enter the hours of the day (including a.m. or p.m.) and days of the week you want to operate your child care facility. Indicate "Closed" for days you are not in operation. If you are applying to operate any hours after 10:00 p.m. or before 6:00 a.m., or 24 hours a day, a ***Request For Nighttime Care Specialization*** **CC53** form must be completed and submitted with the application, for department approval. An approval for nighttime care will also be necessary from your local Fire Marshal prior to a nighttime care specialization being approved by the department.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PROGRAM ACTIVITY SPECIALIZATION: If you are applying for a program activity specialization for a moderate-risk activity such as: swimming, bicycle riding, etc., a ***Request For Specialized Program Activity*** **CC54** form must be completed and submitted with the application, for department approval.

☐ Yes ☐ No

If yes, I have attached a ***Request For Specialized Program Activity*** **CC54** form for each of the following moderate-risk activities included in my program:

_____

_____

GOVERNING BODY INFORMATION: Mark the box applicable to your facility. If your facility will be governed by a board of directors or other body, submit a ***Governing Body Information*** **CC55** form with the application.

Will your Facility be governed by a board or other body? ☐ Yes ☐ No

PERSONS LIVING ON THE PREMISES OF THE CHILD CARE FACILITY: List ALL individuals living on the premises, starting with yourself (if applicable). A valid background check through the Alaska Background Check Program is required for all individuals associated with or living on the premises of the entity, who are 16 years of age and older, prior to licensure. Authority under: 7 AAC 57.010; 7 AAC 57.315; 7 AAC 10.900; 7 AAC 10.910.

	Name (first, last)	Title/Relationship	Date of Birth	Age	Driver's License #
1.					
2.					
3.					
4.					
5.					

ADMINISTRATOR INFORMATION: List the individual who is responsible for maintaining compliance with child care licensing regulations and the day to day operations of the facility. If the Applicant and the Administrator is the same person, please enter "same as applicant". An ***Administrator Designation and Qualification Form*** **CC56** and four ***Child Care Facility Administrator Refere*****nce CC57** forms must be submitted with the application. CENTERS ONLY: In addition to the forms required for an Administrator, one or more ***Child Care Associate Designation and Qualification*** **Form(s) CC58** and three ***Child Care Facility Child Care Associate Reference*** **CC59** forms must be submitted with the application for each Child Care Associate for every 30 children to receive care.

Name of Administrator:_____ Title:_____

Mailing Address:_____
(PO Box/Street) (City/State/Zip)

Phone Number:_____Fax Number:_____

Email Address:_____

LICENSING HISTORY: Indicate whether the Applicant and/or Administrator is currently or has previously been licensed, registered, certified, or approved to provide care for adults or children in any state. If yes is marked, please complete all of the boxes in this section. Include all types of care facilities, for example: assisted living, foster care, child care, etc.

Applicant: Are you currently or have you previously been licensed, registered, certified, or approved to provide care for children and/or adults? ☐ Yes ☐ No

If yes, complete the following:

Type of Facility	Name of Facility	Location of Facility (City and State)	Start and End Date of License

Administrator: Are you currently or have you previously been licensed, registered, certified, or approved to provide care for children and/or adults? ☐ Yes ☐ No

If yes, complete the following:

Type of Facility	Name of Facility	Location of Facility (City and State)	Start and End Date of License

APPLICANT AND ADMINISTRATOR CERTIFICATION AND SIGNATURE OF AGREEMENT:

Note: All sections of the application must be completely filled out and the signature of the Applicant and Administrator (if not the same person) are required in this section in order for the application to be considered complete. This section, in addition to the Alaska child care licensing statutes and regulations, should be carefully read and understood prior to signing the application.

I have read the applicable State of Alaska child care licensing statutes and regulations: AS 47.05, AS 47.32, 7 AAC 10 and 7 AAC 57, and understand and agree to comply with them;

I will cooperate with the Department of Health and Social Services (DHSS) or its authorized representatives through the licensing process and after license issuance, including inspection and investigation and permit representatives of the DHSS or its authorized representatives full access to inspect and investigate the child care facility and premises, review records, interview staff and interview individuals and their families receiving services;

I understand that I am required to maintain and retain records necessary to demonstrate compliance with State of Alaska child care licensing statutes and regulations governing the facility. In addition, I will make these records available to the DHSS or its authorized representatives, upon request; and

I certify that the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

_____

Facility Name

_____ _____

Applicant (Owner) Name (Print) Date

_____

Signature of Applicant

_____ _____

Administrator Name (Print) Date

_____

Signature of Administrator