III. APPENDICES

A. Application for a license to operate a day care/nighttime center

DHR-CDC-1946

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

APPLICATION FOR A LICENSE TO OPERATE A DAY CARE/NIGHTTIME CENTER

In accordance with Title 38, Chapter 7, Code of Alabama 1975, application is hereby made for a license to operate a Day Care and/or Nighttime Center.

☐ **First Application** ☐ **Application for Renewal**

☐ I choose to participate in QRIS

☐ I choose **NOT** to participate in QRIS

Name of Applicant *(Individual or Corporation)*: _____

Social Security Number of Applicant *(if an individual)*: _____

Federal Tax Identification Number *(if applicable)*: _____
(NOTE: Social Security Number or Federal Tax Identification Number is required by the Department's Administrative Rules for identification purposes.)

Address of Applicant: _____
(Number and Street) (City) (State) (Zip Code) (County)

Telephone Number of Applicant: (_____) _____

Name of Center: _____

Physical Address of Center: _____
(Number and Street) (City) (State) (Zip Code) (County)

Mailing Address of Center: _____
(Number and Street) (City) (State) (Zip Code) (County)

Email Address: _____

Telephone Number of Center: (_____) _____

Name of the Center Director: _____

Name and title of the person with the authority to sign the application for a license:

Name: _____ Title: _____

Address: _____ Telephone Number: (____) _____

Name and title of the person with responsibility and authority to work with the Department Representative:

Name: _____ Title: _____

Address: _____ Telephone Number: (____) _____

I. ADMINISTRATION

A. **Center Operations**

1. Attach a copy of the center's written operating policies if this is the center's first application or if there have been any changes in the operating policies since the last application.
2. Attach policies regarding charges and services.
3. What age children will the center serve? _____
4. What hours will the center be open each day?
   _____ a.m./p.m. to _____ a.m./p.m.
5. What days will the center be open each week? _____
6. What months will the center be open each year? _____
7. Who will be in charge when the Director is not in the center?

   Name: _____ Title: _____

B. **Organization**

If incorporated:

1. Attach the name, address, and telephone number of the Board Chairman or President of the Corporation.
2. Attach the names, addresses, and telephone numbers of the Executive Board members.
3. Attach a copy of the incorporation papers.
4. Attach a copy of the by-laws and constitution, if applicable.

C. **Personnel**

1. Is required information for staff on file in the center? Yes ☐ No ☐
   (See Standards, Section II., F., for requirements.)
2. List staff and give information requested on attached staff information sheet.
3. Complete attached staff schedule sheet and attach.

II. FACILITY

A. Attach most recent fire department inspection report.

B. Attach most recent health department inspection report.

C. Attach most recent health department approval of catering plan if food is to be catered.

D. Attach a floor plan of the center (for first applications and renewal applications if changes have been made in the building).

E. Have outdoor fencing requirements been met? Yes ☐ No ☐
   (See Standards, Section II., C., 4., for requirements)

F. Bathroom facilities available to the children
   1. Number of flush toilets _____
   2. Number of handwashing sinks _____
   3. Handwashing sink with warm running water in each diapering area? _____

G. Is required equipment in the center? Yes ☐ No ☐
   (See Standards, Section II., L., 1 through 6, for requirements.)

III. AGREEMENT

I hereby agree that if I am issued a license or permit or renewal of a license to operate a day care/nighttime center for children, I will:

A. Maintain standards prescribed and published by the Department;

B. Adhere to the provisions of the license or permit issued;

C. Not furnish or make any misleading or any false statements or reports to the Department;

D. Submit to the Department any reports or make available to the Department any records required by the Department in making an investigation for licensing purposes;

E. Submit to investigation by the Department;

F. Admit authorized representatives of the Department at any reasonable time for the purpose of investigation;

G. Provide, maintain, equip and keep in safe and sanitary condition the premises established or used for child care as required under standards prescribed by the Department, or otherwise required by any law, regulation or ordinance applicable to such facility;

H. Display the license or permit; and

I. Maintain financial resources adequate for the satisfactory care of children served in regard to upkeep of premises and provisions for personal care, medical services, clothing, learning experience and other essentials in the proper care, rearing and training of children.

_____ / _____
Signature of applicant Date

IV. NOTICE OF PENALTY FOR FALSE STATEMENTS

In accordance with Title 38, Chapter 7, Section 16, Code of Alabama 1975, any person, group of persons, association or corporation who makes materially false statements in order to obtain a license or permit shall be guilty of a misdemeanor and shall be fined not less than $100.00 nor more than $1,000.00 or be imprisoned in the county jail no longer that one year, or both, and, in case of an association or corporation, imprisonment may be imposed upon its officers who knowingly participated in the violation. Understanding the penalties for false statements, I attest that the statements in this application are true and correct, to the best of my knowledge and belief.

V. BACKGROUND INFORMATION:

A. Child Care:

Have you ever applied for or held any license or approval or been registered or certified to operate a child care facility of any kind in any county, state, or country? _____ If yes, give details.

_____

_____

B. Criminal History Background Information Checks:

In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

C. Current Criminal Charges:

Are there any current criminal charges against you? _____ If yes, give details. _____

_____

_____

_____

D. Clearance of State Central Registry on Child Abuse/Neglect:

At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each applicant for a license or approval to operate a child care center. The applicant shall obtain a completed request for clearance of the State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.

VI. CERTIFICATION AND SIGNATURE

This application shall be signed by the applicant/owner/licensee or by his/her authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/licensee is a corporation, written verification from the corporation that the person signing the application has the authority to do so shall be indicated on the first page of the application form. The original application form must be submitted. Copies of the application form or application forms received by FAX cannot be accepted.

NOTE: The application for renewal of a license shall be submitted at least 30 calendar days prior to the expiration of the current license.

_____ / _____

Signature Date

Return the completed application form and any attachments to the Alabama Department of Human Resources at the address below:

Department of Human Resources
Child Care Services Division
Office of Child Care Licensing
50 Ripley Street
Montgomery, Alabama 36130

Staff Information Sheet

Name	Age	Position	Education (highest level completed)	Number of years in child care	Number of hours worked per week

STAFF SCHEDULE SHEET

List the name and position (job title) of each staff person. If a staff person performs more than one job, list each separately. Mark the hours spent on each job.

NAME/POSITION	A.M.													P.M.											
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	Hours
Example: Mary Jones/Director																									7:00-3:00
Example: Jane Smith/Cook																									6:00-1:00
Ex: Jane Smith/Child Care Worker/3 yr olds																									1:00-2:00