

# APPLICATION CHECKLIST - CHILD CARE CENTER

Facility Name	Application Date
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**Please complete this checklist and submit it with your application and all the applicable items.**

<b>A. PUBLIC DOCUMENTS</b>	<b>YES</b>	<b>N/A</b>
<b>1. Application (LIC 200A) - One form sufficient for Combination Centers 101169</b> a. Original signatures submitted. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> b. If a partnership, the application is signed by each partner. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> c. If a Firm, Corporation, or Agency, the application is signed by the CEO or authorized representative. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> d. If signed by other than the applicant, CEO or President, the Board Resolution is attached. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>2. Designation of Facility Responsibility (LIC 308) 101215.1</b> a. Is filled out for the director and other persons authorized to act on behalf of the licensee. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> b. Board resolution authorizing the designation is included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> c. The Director has filled out one to delegate authority when absent. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> d. The Director has filled one out for all components. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>3. Administrative Organization (LIC 309) 101173(b)(4)</b> a. The reverse side of the form is completed if a Partnership or Public Agency. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> b. Information on this form agrees with the application. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>4. Partnership Agreement (LIC 309) 101169(a)(d)(2)(A)</b> a. All general partners have signed the application. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> b. Type of partnership is clear (general/limited). <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> c. Name, business address of each general partner is included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> d. Description of obligations/duties of each general partner is included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> e. Name and address of each limited partner is included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<b>5. Articles of Incorporation 101169(a)(d)(2)(D)</b> a. Seal of Secretary of State included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> b. Constitution and By-Laws included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> c. Board Resolution to authorize the filing of the application and to name the authorized person included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> d. Board officers' names, titles, business and home addresses included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> e. Name and address of those holding 10% or more shares included. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		

<b>A. PUBLIC DOCUMENTS - (Continued)</b>	<b>YES</b>	<b>N/A</b>
<p><b>6. Monthly Operating Statement (LIC 401)</b> <span style="float: right;"><b>101213(a)</b></span></p> <p>a. The number of clients corresponds with the requested capacity.</p> <p>b. Any other income is clear and documented.</p> <p>c. All operating costs are indicated and reasonable (e.g. at least minimum wage).</p> <p>d. Budget allows for fringe benefits (25% of total salaries). If none then the applicant should explain why.</p> <p>e. Rent, mortgage figures correspond with lease or mortgage payment agreement.</p> <p>f. If the applicant has other licensed facilities, a LIC 401 is required for each facility. Actual figures should be provided.</p> <p>g. If lunch is supplied, figures are reasonable (guide: \$1.25- \$1.75 per day/per child for lunch and two snacks).</p> <p>h. The program at least breaks even.</p> <p>i. One form is acceptable for combination centers, but if one component is an infant center, some account must be made for the greater cost of infant care.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p><b>7. Personnel Report (LIC 500)</b> <span style="float: right;"><b>101217</b></span></p> <p>a. A separate form was completed for each component.</p> <p>b. All positions are listed.</p> <p>c. The Director (and any teachers hired) is listed on the form. Others are designated by the position title.</p> <p>d. The form indicates that the director is on site full-time.</p> <p>e. If any one is designated as exempt from the fingerprinting requirement, the reverse side of the form is completed in compliance with the regulations.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p><b>8. Job Descriptions</b> <span style="float: right;"><b>101173(b)(5) 101217</b></span></p> <p>a. All positions are listed on the LIC 500.</p> <p>b. Duties and responsibilities included.</p> <p>c. Minimum qualifications included.</p> <p>d. Lines of supervision included.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p><b>9. Personnel Policies</b> <span style="float: right;"><b>101173(b)(5) 101216</b></span></p> <p>a. Work hours and shifts included.</p> <p>b. Employee rights included.</p> <p>c. Abuse reporting procedures included.</p> <p>d. Hiring practices and conditions of employment included.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p><b>10. In-Service Training Plan</b> <span style="float: right;"><b>101173(b)(6) 101216(e)</b></span></p> <p>a. Indicates what staff will receive training.</p> <p>b. Indicates who will give the training.</p> <p>c. Indicates the topics to be covered.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



A. PUBLIC DOCUMENTS - 15.Parent Handbook/Program - (Continued)	YES	N/A
<p>q. Need and services plan (with infant component only)</p> <p>r. Sign in/sign out procedures.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>16. Admission Agreement</b> <span style="float: right;"><b>101173(b)(3) 101219</b></span></p> <p>a. Description of basic services.</p> <p>b. Optional services.</p> <p>c. Payment provisions.</p> <p style="padding-left: 20px;">1. Rate for basic services.</p> <p style="padding-left: 20px;">2. Rate for optional services.</p> <p style="padding-left: 20px;">3. Payor.</p> <p style="padding-left: 20px;">4. Due date.</p> <p style="padding-left: 20px;">5. Frequency of payments.</p> <p>d. Modification conditions.</p> <p>e. Refund policy.</p> <p>f. Termination conditions.</p> <p>g. Rights of the licensing agency</p> <p>h. Toddler option statement included (written permission from the authorized representative is required).</p> <p>i. Place for signature and date</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>17. Discipline Policies</b> <span style="float: right;"><b>101223.2 101423.1</b></span></p> <p>a. Types of disciplines and conditions under which they are used included.</p> <p>b. Types of discipline not permitted included.</p> <p>c. Provisions for contacts/conferences with parents included.</p> <p>d. Grounds for dismissal/removal included.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>18. Sample Menu</b> <span style="float: right;"><b>101173(b)(8) 101227</b></span></p> <p>a. One week's menu included.</p> <p>b. Portion sizes included.</p> <p>c. Time of meals and snacks included.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>19. List of Furniture &amp; Play Equipment</b> <span style="float: right;"><b>101239 101239.1 101439 101439.1</b></span></p> <p>a. Tables and chairs included.</p> <p>b. Cots and mats for each child included.</p> <p>c. Cribs for infants included.</p> <p>d. Toys and equipment are safe and age appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<b>A. PUBLIC DOCUMENTS - 15.Parent Handbook/Program - (Continued)</b>		<b>YES</b>	<b>N/A</b>
<b>20. First Aid, CPR &amp; Preventive Health Practices Training.</b>	<b>101216(f)</b>		
a. Proof of Training for one teacher or director: (EMSA approved/stickers)		<input type="checkbox"/>	<input type="checkbox"/>
1. First Aid		<input type="checkbox"/>	<input type="checkbox"/>
2. CPR		<input type="checkbox"/>	<input type="checkbox"/>
3. Preventive Health Practices		<input type="checkbox"/>	<input type="checkbox"/>
<b>21. Orientation Training</b>	<b>101169(b)</b>		
a. Proof of attendance submitted for the applicant:			
Component I		<input type="checkbox"/>	<input type="checkbox"/>
Component II		<input type="checkbox"/>	<input type="checkbox"/>
Component III		<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Fee</b>	<b>101187</b>		
a. The correct fee is included		<input type="checkbox"/>	<input type="checkbox"/>

<b>B. CONFIDENTIAL DOCUMENTS</b>		<b>YES</b>	<b>N/A</b>
<b>1. Balance Sheet (LIC 403)</b>	<b>101169(c)(15) 101213</b>		
a. Figures are realistic, e.g., surrender value and not face value of life insurance, appraised value of real estate included.		<input type="checkbox"/>	<input type="checkbox"/>
b. Funds/assets are readily available.		<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Financial Information Release &amp; Verification (LIC 404)</b>	<b>101213</b>		
a. Verifies approximately three months operating budget (cross reference to the LIC 401). A line of credit from a lending institution is acceptable.		<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Applicant Information (LIC 215)</b>	<b>101217</b>		
a. Signed by the applicant		<input type="checkbox"/>	<input type="checkbox"/>
b. Signature is original.		<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Personnel Record (LIC 501)</b>	<b>101215 101215.1 101217</b>		
a. Submitted for the director/administrator.		<input type="checkbox"/>	<input type="checkbox"/>
b. Corresponds with other information (e.g., transcripts and job references).		<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Health Screening Report (LIC 503)</b>	<b>101169(d)(15) 101216(g)</b>		
a. Verifies the health of the applicant and director, CEO, etc..		<input type="checkbox"/>	<input type="checkbox"/>
b. Is less than one year old.		<input type="checkbox"/>	<input type="checkbox"/>
c. Includes a T.B. clearance.		<input type="checkbox"/>	<input type="checkbox"/>
d. Is signed by a qualified medical professional. Must be an original document (no copies).		<input type="checkbox"/>	<input type="checkbox"/>

