

MPI #

Family Child Care Home     Group Child Care Home     Center

**Application Purpose:**

Open new child care facility     Change of facility/legal entity information     Renew existing certificate that expires on: \_\_\_\_\_

**1. LEGAL ENTITY INFORMATION:**

1A. Name and Physical Address of Legal Entity		1B. Mailing Address of Legal Entity	
NAME:		ADDRESS LINE 1:	
ADDRESS LINE 1:		ADDRESS LINE 2:	
ADDRESS LINE 2:		ADDRESS LINE 3:	
ADDRESS LINE 3:		CITY:	
CITY:		STATE:	ZIP CODE:
STATE:	ZIP CODE:	COUNTY:	
COUNTY:			
TELEPHONE:			
CELL PHONE #:			
EMAIL ADDRESS:			
FAX #:			

**2. TAX IDENTIFIER:**

Child care centers and group child care homes enter: FEIN: \_\_\_\_\_

Family child care homes enter: SSN: \_\_\_\_\_ or FEIN: \_\_\_\_\_

Tax type, tax number, and IRS documentation must be provided in order to participate in subsidized child care program or resource and referral, or both.

**3. TYPE OF OPERATION**

Profit     Non-profit

**4. TYPE OF OWNERSHIP/CONTROL:**

Individual     General Partnership     Limited Partnership     Limited Liability Partnership  
 Association     Corporation     School District     Limited Liability Company  
 City Government     County Government     State Government     Other Government     Other

Ownership information below is mandatory when Type of Ownership/Control selected is "Individual" or "General Partnership."

**List all the individual name(s):**

FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:	DOB (MM/DD/YYYY):
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:	DOB (MM/DD/YYYY):
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:	DOB (MM/DD/YYYY):
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:	DOB (MM/DD/YYYY):
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:	DOB (MM/DD/YYYY):

**5. PRIOR LICENSE STATUS:**

Has the Location(s) (item 11), or Legal Entity (item 1), or the person responsible (Operator) (item 12), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state? If YES, explain:  Yes     No

**6. HAS THE LEGAL ENTITY, OWNER, OR OPERATOR:**

Ever been convicted of a felony or convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; Named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law (23 Pa.C.S.Ch.63)? If YES, explain:

Yes  No

**7. IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR?**

If YES, explain:

Yes  No

**8. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU OR ANY OTHER PERSON WHO WILL BE PRESENT IN YOUR FACILITY WHEN CHILDREN ARE IN CARE?**

**NOTE: DIRECTORS, OWNERS, AND OPERATORS SHOULD ANSWER THIS QUESTION BASED ON THE STAFF HEALTH ASSESSMENT FORMS THEY HAVE ON FILE. THEY SHOULD NOT QUESTION OR SURVEY STAFF DIRECTLY OR CONDUCT ANY ACTIVITY WHICH MAY BE A VIOLATION OF ADA OR HIPPA LAWS.**

**8A. Diagnosed or receiving therapy or medication for mental illness?**

Yes  No

If YES, explain:

**NOTE: DIRECTORS, OWNERS, AND OPERATORS SHOULD ANSWER THIS QUESTION BASED ON THE STAFF HEALTH ASSESSMENT FORMS THEY HAVE ON FILE. THEY SHOULD NOT QUESTION OR SURVEY STAFF DIRECTLY OR CONDUCT ANY ACTIVITY WHICH MAY BE A VIOLATION OF ADA OR HIPPA LAWS.**

**8B. Evidence of drug or alcohol related addiction during the past 12 months?**

Yes  No

If YES, explain:

9. DO YOU NOW OR HAVE YOU PREVIOUSLY HAD A PROVIDER AGREEMENT WITH A CCIS?

Yes  No

**10. HOUSEHOLD:**

10A. Is your facility located in a residence?

Yes  No

10B. If you answered "Yes" to question 10A, list all individuals, including yourself if applicable, who are living in the residence and are at least 18 years of age. (Include only those who live in the residence at least 30 days in a calendar year.)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)

**11. LOCATION INFORMATION:**

**11A. Name and Physical Address of Location**

**11B. Mailing Address of Location**

NAME:

ADDRESS LINE 1:

ADDRESS LINE 1:

ADDRESS LINE 2:

ADDRESS LINE 2:

ADDRESS LINE 3:

ADDRESS LINE 3:

CITY:

CITY:

STATE:

ZIP CODE:

STATE:

ZIP CODE:

COUNTY:

COUNTY:

MUNICIPALITY:  
(CITY/TWP./BORO.)

TELEPHONE #:

Ext. #:

CELL PHONE #:

EMAIL ADDRESS:

FAX #:

**12. FACILITY WATER SUPPLIER (FAMILY CHILD CARE HOME APPLICANTS, SKIP; ALL OTHERS MUST ANSWER)**

Is the facility a customer of a water supplier (i.e. does the facility receive a bill for water service)?

Yes  No

If YES, submit a copy of the most recent billing notice or a letter from the water supplier to verify that they provide water to the location address.

**13. RESPONSIBLE PERSON/LEGAL ENTITY DESIGNEE**

FIRST NAME

LAST NAME

TITLE

DATE OF BIRTH (MM/DD/YYYY)

**DECLARATION** (Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code)

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above-named facility in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and TITLE VIII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; the Pennsylvania Human Relations Act of 1955; and the Americans with Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age, or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

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PRINT OR TYPE - NAME

(Where the Legal Entity is a corporation, the individual must be a corporate officer.)

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TITLE

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ADDRESS

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SIGNATURE OF THE LEGAL ENTITY/REPRESENTATIVE

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DATE (MM/DD/YYYY)

# INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR A CERTIFICATE OF COMPLIANCE

## APPLICATION PURPOSE:

**New application or renew existing facility:** A facility applying to renew their existing Certificate of Compliance. The name and address of the facility and the name of the legal entity should be the same as it is on the existing Certificate of Compliance.

## IDENTIFICATION:

- 1. LEGAL ENTITY NAME, PHYSICAL ADDRESS, MAILING ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER, CELL PHONE NUMBER:**  
Indicate name, physical address, mailing address, email address, telephone, and cell phone number of legal entity. **A post office box may not be entered in the physical address information.**
- 2. TAX IDENTIFIER:**  
Indicate the FEIN of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility. Family child care homes enter SSN or FEIN. IRS documentation is a copy of your social security card if using your SSN, and a label or letter from the IRS if using a FEIN. This information is required in order to participate in the child care work (subsidy) program or the resource and referral program.
- 3. TYPE OF OPERATION:**  
**Profit:** Operating with the expectation of providing a financial benefit to someone or something other than the facility itself. The focus is upon the ultimate aim of the enterprise, not the financial results of any particular period of operation. The focus is also upon the particular premises involved and not the legal entity which operates the facility. A non-profit legal entity may be considered as operating a facility for profit if the particular premises involved provides a financial benefit to the parent legal entity. Any legal entity not possessing a certificate of tax exempt status from the Internal Revenue Service will be considered operating for profit unless it provides satisfactory proof otherwise.  
**Non-Profit:** Operating other than for profit. Copy of tax exempt certificate should be submitted with the initial application.
- 4. TYPE OF OWNERSHIP/CONTROL:**  
**LLC, LLP, OR CORP:** Proof of who the partners or incorporators are must be submitted with the application. If the corporation is publicly held, then a list of the board members should be submitted with a statement regarding each member's involvement in the following: working with children, oversight/supervisor of staff, managerial decisions regarding staff and/or establishment and enforcement of policies and procedures.  
**Individual or General Partnership:** Complete First Name, Middle Name, Last Name, Suffix, and Date of Birth in this section regarding each individual or partner that is included in the ownership.
- 5. Please answer YES or NO.** If the answer is "Yes", please provide an explanation.
- 6. Please answer YES or NO.** If the answer is "Yes", please provide an explanation.
- 7. Please answer YES or NO.** If the answer is "Yes", please provide an explanation.
- 8A. Please answer YES or NO.** If the answer is "Yes", please provide an explanation. Directors, owners, and operators should answer these questions **based on the staff health assessment forms they have on file.** They should not question or survey staff directly or conduct any activity which may be a violation of ADA or HIPPA laws.
- 8B. Please answer YES or NO.** If the answer is "Yes", please provide an explanation. Directors, owners, and operators should answer these questions **based on the staff health assessment forms they have on file.** They should not question or survey staff directly or conduct any activity which may be a violation of ADA or HIPPA laws.
- 9. Please answer YES or NO.**
- 10A.** Is your facility located in a residence? A residence is defined as the physical structure in which one lives. Check "YES" or "NO" to indicate whether the facility you identified in 1A is located in a residence.
- 10B.** List all individuals by name and birth date who are 18 years of age or older who reside in your residence at least 30 days in a calendar year including yourself, if applicable.
- 11. LOCATION NAME, PHYSICAL ADDRESS, MAILING ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER, CELL PHONE NUMBER:**  
Indicate name, physical address, mailing address, email address, telephone, and cell phone number of the physical location where the child care services are provided. If the application is for a renewal of an existing certificate, the name and address of the location should be the same as on the previous application. **A post office box may not be entered in the physical address information.**
- 12. FACILITY WATER SUPPLIER – Family Child Care Home Applicants SKIP, all others must answer:** Is the facility a customer of a water supplier (i.e. does the facility receive a water bill for water service)?  
If YES, submit a copy of the most recent billing notice or a letter from the water supplier to verify that they provide water to the location address.  
If NO, contact the Department of Environmental Protection (DEP) at [www.dep.pa.gov](http://www.dep.pa.gov) to determine if the facility meets the definition of a public water system.  
For those that do qualify as a public water system, submit a copy of the signed Brief Description Form and Brief Description Form Approval letter (or DEP-issued Operation Permit). For facilities that do not qualify as a public water system because less than 25 individuals are served, submit a notarized copy of the Public Water Supply Determination Survey (Affidavit).
- 13. RESPONSIBLE PERSON/LEGAL ENTITY DESIGNEE:**  
Indicate the full name, date of birth, and title of the person who is responsible for the daily operation of the facility.

## DECLARATION:

The declaration must be signed by the legal entity. If the legal entity is a partnership, association, or organization, the person authorized to sign such documents must sign. Where the legal entity is a corporation, the signature must be of a corporate officer. Type or print the name and title of the person signing.