

LOUISIANA DEPARTMENT OF EDUCATION
CHILD CARE
DIVISION OF LICENSING
P.O. BOX 4249, BATON ROUGE, LA 70821
225-342-9905

COVID-19 APPLICATION FOR LICENSE TO OPERATE AN EARLY LEARNING CENTER

1. IMPORTANT NOTES			
<p>A License is required PRIOR to opening. With recent events surrounding the onset of COVID-19, prospective and licensed center owners are not required to submit an application or an initial, change of ownership or change of location license in CAFÉ.</p> <p>Please complete this paper application and email to the Licensing Consultant.</p>			
2. TYPE OF LICENSE			
<p>(Check One Only)</p> <p><input type="checkbox"/> Initial Application</p>	<p>(Check One Type)</p> <p><input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III</p>	<p>(Check All Appropriate)</p> <p><input type="checkbox"/> Change of Ownership</p> <p><input type="checkbox"/> Change of Location</p>	
3. CENTER INFORMATION			
Center Name:			
Location Address:			
Street _____	City _____	State LA	Zip Code _____
Mailing Address:			
Street _____	City _____	State _____	Zip Code _____
Center Telephone Number: () - _____	Office Telephone Number: () - _____	Parish: _____	
Center E-Mail Address: _____		Center Website Address: _____	
4. ORGANIZATIONAL STRUCTURE (Owner of Business)			
<p>Check only one organization structure type (individual, partnership, church, university, corporation/LLC or governmental):</p>			
<p><input type="checkbox"/> Individual – <i>Sole proprietor or sole owner</i> is the individual who directly owns a center without setting up or registering a corporation/LLC, partnership, etc.</p>			
<p>Name of Individual: _____</p>			
<p>Individual's Physical Address:</p>			
Physical Street Address _____	City _____	State _____	Zip Code _____
<p>Individual's Mailing Address:</p>			
Mailing Address _____	City _____	State _____	Zip Code _____
Individual's Telephone #: _____		Individual's Date of Birth: _____	
<p>Name of Individual's Spouse (if applicable) : _____</p>			
<p>Spouse's Physical Address:</p>			
Physical Street Address _____	City _____	State _____	Zip Code _____
<p>Spouse's Mailing Address:</p>			
Mailing Address _____	City _____	State _____	Zip Code _____
Spouse's Telephone #: _____		Spouse's Date of Birth: _____	
<p><input type="checkbox"/> Profit or <input type="checkbox"/> Non-Profit Federal EIN: _____ State Tax ID#: _____</p>			

Partnership – any general or limited partnership licensed or authorized to do business in this state. Owners of a partnership are its limited or general partners and any managers thereof. (If additional partners, attach separate list to application.)

Name of Partner 1: _____
Partner 1's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Partner 1's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____
Partner 1's Telephone #: _____ Partner 1's Date of Birth: _____

Name of Partner 2: _____
Partner 2's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Partner 2's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____
Partner 2's Telephone #: _____ Partner 2's Date of Birth: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Church

Name of Church: _____
Church's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Church's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____
Church's Telephone #: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

University

Name of University: _____
University's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____
University's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____
University's Telephone #: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Corporation/LLC – any entity incorporated in Louisiana or incorporated in another State, registered with the Secretary of State in Louisiana, and legally authorized to do business in Louisiana.

Name of Corporation: _____
Corporation's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Corporation's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____
Corporation's Telephone #: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Governmental – If governmental, please specify which: Federal State City Parish

Name of Governmental Entity: _____

Governmental Entity's

Physical Address: _____
Physical Street Address City State Zip Code

Governmental Entity's

Mailing Address: _____
Mailing Address City State Zip Code

Governmental Entity's Telephone #: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

5. CHILD CARE CRIMINAL BACKGROUND CHECK (CCCBC) REQUIRED

Documentation of satisfactory child care criminal background checks must be completed on all owners, directors, and director designees for each center as follows:

If **Individual** ownership – individual and spouse as provided in item 4.

Individual's Name: _____ Spouse's Name: _____

If **Partnership** ownership – all limited or general partners and managers .

Partner's Name: _____ Partner's Name: _____ Partner's
Name: _____ Partner's Name: _____

If **Church, Governmental** entity or **University** owned – any clergy and/or board member that is present in the center during the hours of operation or when children are present.

Name _____ Title _____
Physical Street Address City State Zip Code
Mailing Address City State Zip Code
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address City State Zip Code
Mailing Address City State Zip Code
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address City State Zip Code
Mailing Address City State Zip Code
Telephone Number: _____ Date of Birth: _____

If a **Corporation/LLC** – as verified on the Secretary of State's website, any individual who has 25% or greater share in the business or any individual with less than a 25% share in the business and performs one or more of the following functions:

- a. has unsupervised access to the children in care at the center;
- b. is present in the center during hours of operation;
- c. makes decisions regarding the day-to-day operations of the center;
- d. hires and/or fires child care staff including the director/director designee;
- e. oversees early learning staff and/or conducts personnel evaluations of the staff; and/or

If an owner has less than a 25% share in the business and does not perform one or more of the functions listed above, a signed, notarized attestation form is required in lieu of a criminal background clearance.

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

If **Head Start** funded – individual responsible for supervising center’s directors.

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

The **center’s director** – the individual who is responsible for the day-to-day operation, management, and administration of the center as recorded with the Licensing Section and **center’s director designee** – the individual appointed by the director to act in lieu of the director when the director is not an on-site staff person at the licensed location.

8. FUNDING SOURCE (Check all that apply)

- Private Pay Child Care Food Program Head Start
 FIND Work Child Care Assistance Program
 Other – Describe:

9. SERVICES (Check all you intend to provide)

- All Day Half Day Only Nighttime care (9:00 pm to 5:00 am)
 Transportation – To/From Home or School Transportation – Field Trips

10. CENTER OPERATIONS

Licensed Capacity (Proposed, if new center): _____ Number of Buildings Used by Children: _____

Age Range: _____ Weeks Months Years TO _____ Weeks Months Years

Months Open During Year: All 12 Months Yes No (If No, Months Open: _____ to _____)

Days and Hours Open During Week: (check all days that apply and indicate hours of operation for each day)

<u>Day of Week</u>	<u>Begin Time</u>			TO	<u>End Time</u>		
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Friday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Saturday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Sunday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm

If operational hours differ at other times of the year, please provide explanation below:

11. DECLARATION STATEMENTS - Certification by Owner or Director Required

I understand that a licensing inspection will be made by the Licensing Section, the State Fire Marshal, the Office of Public Health, and other local agencies as may be appropriate (City Fire, Zoning (if applicable) etc.)

ALL AGENCIES MUST GIVE THEIR APPROVAL PRIOR TO LICENSURE AND OCCUPANCY.

I certify that I have personally completed this Application and have carefully investigated all facts necessary to complete this Application. I further certify that all information contained in this Application is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Application may cause my application to be denied or my license revoked or not renewed. I further understand that failure to provide complete information may result in my application being delayed, denied or my license revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license being denied or revoked.

Date:

Signature of Owner or Director:

Type or Print Name and Title:

DISCLOSURE FORM FOR BACKGROUND INFORMATION

Name of Center:

Physical Address of Center:

Street City LA State Zip Code

License number:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Has the owner, director, or any staff ever been convicted of, or pled guilty or <i>nolo contendere</i> to any felony? If your answer is "Yes", please provide the name of the person, person's position, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Has the owner, director, or any staff ever been convicted of, or pled guilty or <i>nolo contendere</i> to any misdemeanor involving a juvenile, elderly, or infirm victim? If your answer is "Yes", please provide the name of the person, person's position, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Has the owner, director, or any person named on the application ever used, or been known by, any name other than that listed, including any maiden name, former married name, legally changed name, or alias? If your answer is "Yes", please provide the present name of that person, each other name used, the dates that other name/names were used, and the reason for the name change (e.g., marriage, divorce, court-approved name change, etc.).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Has the owner, director, any staff, or affiliate as defined in the current minimum standards ever had a license to operate any type of early learning center or child placing agency denied, revoked, suspended, or not renewed? If your answer is "Yes", please provide the name of the person, person's position at the time of denial/revocation/suspension/nonrenewal and person's current position, the name of the center or agency, the date of the license denial, revocation, suspension or non-renewal, the type of adverse action involved (e.g., license denial, license revocation, license suspension, license not renewed), the name of the regulatory agency or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Has the owner, director, or any staff ever been denied approval, or had approval denied, revoked, suspended, or not renewed, to serve as a foster or adoptive parent? If your answer is "Yes", please provide the name of the person, person's position, the date of the denial, revocation, suspension, or non-renewal, the type of adverse action involved (approval/licensure to serve as foster or adoptive parent denied, approval/licensure revoked, approval/licensure suspended, approval/licensure not renewed), the name of the regulatory or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Has the owner, director, or any staff ever had a child in his/her care or custody removed from his/her home in any child protection, child in need of care, termination of parental rights, or any similar proceeding? If your answer is "Yes", please provide the name of this person, person's position, the date of the removal, the court ordering the removal, the city and state where the court is located, and the final disposition of the case.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Has the owner, director, or any staff ever been the subject of a validated complaint of abuse, neglect, or exploitation of any child or of any elderly or infirm person? If your answer is "Yes", please provide the name of the person, person's position, and attach the decision letter which indicates that the individual does not pose a risk to children.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Has the owner or director verified that all staff including the director completed a State Central Registry disclosure form dated within the last 12 months verifying that their name is not recorded as a perpetrator on the State Central Registry? If your answer is "No", please provide the name of the person's whose disclosure form indicates that the individual's name is recorded as a perpetrator on the State Central Registry, person's position and attach the decision letter which indicates that the individual does not pose a risk to children.

I certify that I have personally completed the Disclosure Form. I further certify that I have carefully investigated all facts necessary to complete the Disclosure Form, and that all information contained on this Disclosure Form is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Disclosure Form, may cause my application to be denied, license revoked or not renewed. I further understand that failure to provide complete information may result in my application being denied or my license revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license being denied or revoked.

Date:

Signature of Owner or Director:

Type or Print Name and Title: