

**APPLICATION PURPOSE**

MPI# \_\_\_\_\_

Open New Child Care Facility

Change of Facility/Legal Entity Information

Renew Existing Certificate that Expires on \_\_\_\_\_

**IDENTIFICATION**

**1A. LOCATION NAME and PHYSICAL ADDRESS**

NAME \_\_\_\_\_

NUMBER and STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLINE TELEPHONE NUMBER \_\_\_\_\_ CELLPHONE NUMBER \_\_\_\_\_

**2A. LEGAL ENTITY NAME and PHYSICAL ADDRESS**

NAME \_\_\_\_\_

NUMBER and STREET \_\_\_\_\_

CITY (and State) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LANDLINE TELEPHONE NUMBER \_\_\_\_\_ CELLPHONE NUMBER \_\_\_\_\_

**1B. LOCATION MAILING ADDRESS**  Same as above

NAME \_\_\_\_\_

P.O. BOX or NUMBER and STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-Mail Address (if available) \_\_\_\_\_

**2B. LEGAL ENTITY MAILING ADDRESS**  Same as above

NAME \_\_\_\_\_

P.O. BOX or NUMBER and STREET \_\_\_\_\_

CITY (and State) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-Mail Address (if available) \_\_\_\_\_

**3. RESPONSIBLE PERSON**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**4. COUNTY and MUNICIPALITY/(CITY/TOWNSHIP/BOROUGH)**

**5. TYPE OF FACILITY**  Child Care Center  Group Child Care Home

**6. TAX IDENTIFIER**

FEIN \_\_\_\_\_

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

**7. TYPE OF OPERATION**

PROFIT  NON-PROFIT

**8. TYPE OF OWNERSHIP/CONTROL**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> INDIVIDUAL      | <input type="checkbox"/> GENERAL PARTNERSHIP | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |
| <input type="checkbox"/> ASSOCIATION     | <input type="checkbox"/> CORPORATION         | <input type="checkbox"/> SCHOOL DISTRICT     | <input type="checkbox"/> LIMITED LIABILITY COMPANY     |
| <input type="checkbox"/> CITY GOVERNMENT | <input type="checkbox"/> COUNTY GOVERNMENT   | <input type="checkbox"/> STATE GOVERNMENT    | <input type="checkbox"/> OTHER GOVERNMENT              |
| <input type="checkbox"/> OTHER           |  |  |  |

**9. CONVICTION or NAMED A PERPETRATOR** (If YES to any of the items 9 through 11 inclusive, explain on a separate sheet of paper.)

YES  NO

Has the legal entity, owner, or operator ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named as a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protection Service law (23 Pa.C.S.Ch.62)?

**10. HAS THE LEGAL ENTITY, OWNER, OR OPERATOR**

YES  NO

Has the facility/location above in 1A, or the legal entity above in 2A, or the responsible person/owner/operator above in 3, or the person signing this application ever been denied a Certificate of Compliance or license, had a certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any state?

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

YES  NO

**12. HOUSEHOLD INFORMATION**

1. Is your facility located in the home (see instruction #12)  YES  NO If yes, provide the following information:
2. Number of individuals residing in your home? \_\_\_\_\_
3. List all individuals by name and birthdate who are 18 years of age or older who reside in your home at least 30 days in a calendar year.

Name	Date of Birth (mm/dd/yy)	Name	Date of Birth (mm/dd/yy)

## ATTACHMENTS

If this is an **Initial Application** for a new facility / agency or change of name of legal entity, submit copies of the following documents with this Application.

- **Certificate of Occupancy** (issued from Department of Health, Department of Labor and Industry or municipality.)
- **Articles of Incorporation** (if the facility or agency is operated by a corporation.)
- **State Fictitious Name Approval** (if the facility or agency is operated for profit and a fictitious name is used.) – Registration of a Limited Liability Corporation (LLC), Limited Liability Partnership (LLP) or Limited Partnership (LP)
- **Certificate of Authority or Registration to do business in Pennsylvania** (if the business was formed outside of Pennsylvania.)
- **Bureau of Equal Opportunity Compliance Letter**
- **Certificate of Tax Exempt Status** (if your business is non-profit)
- **Tax Documentation** (as in item 6)

## 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 or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Public Welfare; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the American 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.

\_\_\_\_\_  
print or type — NAME  
(Where the Legal Entity is a corporation, the individual must be a corporate officer.)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE OF THE LEGAL ENTITY/REPRESENTATIVE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

# INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR A CERTIFICATE OF COMPLIANCE FOR A CERTIFIED CHILD CARE CENTER OR A GROUP CHILD CARE HOME

## APPLICATION PURPOSE:

**Open New Facility:** A new agency/facility

**Renew Existing Facility:** An agency/facility applying to renew their existing Certificate of Compliance. The name and address of the Agency/Facility and the name of the legal entity should be the same as it is on the existing Certification of Compliance.

**Change of Facility/Legal Entity Information:** An agency that has had an update of previously submitted information such as an agency/facility name change, agency/facility address change or a change in the legal entity name.

## IDENTIFICATION:

### 1. 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.**

### 2. 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 the legal entity. **A post office box may not be entered in the physical address information.**

### 3. RESPONSIBLE PERSON:

Indicate the full name and title of the person who is responsible for the daily operation of the facility.

### 4. COUNTY AND MUNICIPALITY/TOWNSHIP/BOROUGH:

Indicate the name of the county and municipality/township/borough in which the facility location where child care services are provided is located.

### 5. TYPE OF FACILITY:

Indicate the type of child care facility you wish to operate: Child Care Center or Group Child Care Home.

### 6. TAX IDENTIFIER:

Indicate the FEIN of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility.

### 7. TYPE OF OPERATION:

**Profit:** Operating with the expectation of providing a financial benefit to someone or something other than the facility itself. The focus 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.

### 8. TYPE OF OWNERSHIP:

Identify the type of ownership.

### 9. Please answer YES or NO and explain any YES response on a separate sheet of paper.

### 10. Please answer YES or NO and explain any YES response on a separate sheet of paper.

### 11. Please answer YES or NO and explain any YES response on a separate sheet of paper.

### 12. HOUSEHOLD INFORMATION:

Is your facility located in a home? A home is defined as the physical structure in which one lives. Check "YES" or "NO" to indicate whether the facility you identified in #12 is located in a home.

## ATTACHMENTS:

Attach current Certificate of Occupancy, Articles of Incorporation, State Fictitious Name Approval, Tax Documentation, Bureau of Equal Opportunity Compliance Letter

## 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.