



### PART 3: HOUSEHOLD INFORMATION

1. Do you have an agreement with a CCIS as a relative/neighbor provider? YES  NO
2. Are you affiliated with an agency (see instruction – Part 3 #2)? YES  NO  If yes, name \_\_\_\_\_
3. Is your facility located in a home (see instruction – Part 3 #3)?? YES  NO
4. Number of individuals residing in your home? \_\_\_\_\_
5. 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)

### PART 4: SELF CERTIFICATION (If additional space is required, attach necessary sheets.)

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|--|---|
| <p>A. I received and read the DPW regulations for family child care homes and the registration law and I am in full compliance with all of the regulations and registration law (Chapter 3290 and Article X, Public Welfare Code). YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>B. I will provide care to any child regardless of the child's or parent's race, sex, religious creed, ethnic origin or economic status. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>C. I understand that my facility may be visited by a DPW representative with or without prior notification on a random sample basis, at my request or in response to a complaint. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>D. I understand that my registration will be issued to me at the address specified on this application. If my facility will be operated at a new location or by a new operator, I must advise DPW at least 30 days before the change occurs. YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p>E. Do any of the following statements apply to you, the persons listed above, or any other person who will be present in your facility when children are in care?</p> <p>1. Convicted of a felony or convicted of or awaiting trial on charges involving a crime of child abuse, child neglect, moral corruptness or physical violence. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>If yes, explain on a separate sheet of paper.</p> <p>2. Diagnosed or receiving therapy or medication for mental illness. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>If yes, explain on a separate sheet of paper.</p> <p>3. Evidence of drug or alcohol addiction during the past 12 months. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>If yes, explain on a separate sheet of paper.</p> <p>4. Named as perpetrator in an indicated or founded report of child abuse. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>If yes, explain on a separate sheet of paper.</p> |
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### PART 5: DECLARATION

1. Registration is a self-certification process. By signing your name you are certifying that you are in compliance with all regulations and with the registration law and you are confirming that you have answered all questions on this application truthfully.
2. In accordance with the registration law, Article X(c) of the Public Welfare Code of 1967, P.L. 31 as amended, I hereby request the issuance of a Family Child Care Home Certificate of Registration based on my certification of the above statements.
3. I attest to the correctness of my responses and to the fact that I shall maintain compliance with each regulation at all times that children are in care.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Entity or Representative  
*(Where the Legal Entity is a corporation, the signature must be a corporate officer)*

# INSTRUCTIONS FOR COMPLETION OF AN APPLICATION FOR A CERTIFICATE OF REGISTRATION TO OPERATE A FAMILY 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 Registration. 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 Registration

**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.

## PART 1: IDENTIFICATION

- 1A. LOCATION PHYSICAL ADDRESS:** Indicate name, physical address, where child care services will be provided, telephone and cell phone numbers, email address, fax number and municipality name (the municipality is the city, borough or township where the facility is located.) If the application is for renewal, the name and address of the facility should be the same as on the previous application. **A post office box may not be entered in the physical address information.**
- 1B. LOCATION MAILING ADDRESS:** If the mailing address of the location is the same the physical address in Part 1A check the same as above box. Indicate mailing address of the physical facility where the services will be provided. If the application is for renewal, the name and address of the facility should be the same as on previous application unless there is a change in name or address.
- 2A. LEGAL ENTITY PHYSICAL ADDRESS:** Indicate name of legal entity, physical address, telephone and cell phone numbers, email address and fax number of the legal entity. A legal entity can be a person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility or agency. **A post office box may not be entered in the address for Section 2A.**
- 2B. LEGAL ENTITY MAILING ADDRESS:** If the mailing address of the legal entity physical address is the same as in Part 2A check the same as above box. Indicate address, city, state, zip code and county of legal entity.
- 3. RESPONSIBLE PERSON:** Indicate the full first and last name and title of the person who is responsible for the daily operation of the facility or agency. If the business is owned by an individual, provide the first and last name of the owner.
- 4. Type of Ownership/Control:** Indicate the type of ownership/control. This is the type of business that owns the facility.
- 5. TAX IDENTIFIER:** Indicate the tax number you use for your business. IRS documentation is a copy of your social security card if using your SSN, and a label or letter from the IRS if using an FEIN. This information is required in order to participate in the child care work (subsidy) program or the resource and referral program.

## PART 2: DIRECTIONS

Please enter directions to the Family Child Care Home from the nearest city or town.

## PART 3: HOUSEHOLD INFORMATION

1. Do you have an agreement with a CCIS as a relative/neighbor provider? Check "YES" if you have a relative/neighbor provider agreement with a CCIS to provide child care to no more than 3 children at a time.
2. Are you affiliated with an agency? Agency is defined as an organization that contracts with child care providers to provide care for children who are referred to the provider by an agency. If you are affiliated with an agency, check "YES" and write the agency name in the space provided.
3. 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 Part 1(A) is located in a home.
4. Number of individuals residing in the home – Indicate the total number of individuals who reside in the facility you identified in Part 1(A).
5. 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.

## PART 4: SELF-CERTIFICATION

Please complete questions A through E4 with a "YES" or "NO" answer. If the answer to any of the numbered questions in E is "YES", please provide an explanation on a separate sheet of paper.

## PART 5: DECLARATION

Please read sign and date the declaration attesting to the correctness of your application and your willingness to comply with all applicable regulations.