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016.22.9. APPLICATION FOR CHILD CARE LICENSE/REGISTRATION

ARKANSAS DEPARTMENT OF HUMAN SERVICES Division of Child Care & Early Childhood Education

APPLICATION FOR CHILD CARE LICENSE/REGISTRATION

This application will not be considered complete until all information has been provided.

Please mark the type(s) of License you are applying for:

// Infant & Toddler (Ages: Birth-36 months)

// Day Care Family Home

// Day Care Center (Ages: 2 1/2 years-5 years)

// Sick Child Care

// School Age (Kindergarten & Up)

// Voluntary Registration

NAME OF FACILITY .....

ADDRESS \_\_\_\_\_ PHONE ( ) .....

TAX IDENTIFICATION OR SOCIAL SECURITY NUMBER: .....

NAME OF LICENSE HOLDER: .....

ADDRESS: \_\_\_\_\_ PHONE( ) .....

**\*\* IF A BOARD WILL BE THE LICENSE HOLDER, ATTACH A COPY OF BOARD MEMBERS NAMES, ADDRESSES AND PHONE NUMBERS. IN ADDITION, A COPY OF ARTICLES OF INCORPORATION, WHICH HAVE BEEN FILED WITH THE SECRETARY OF STATE, AND ANY ADMENDMENTS, SHALL BE PROVIDED.**

DATE FACILITY WILL BEGIN OPERATION\_\_\_\_\_. FACILITY WILL BE OPEN: \_ MONTH TO \_\_\_\_\_MONTH.

AND THE HOURS OF OPERATION ARE \_\_\_\_\_ TO \_\_\_\_\_, FOR \_\_\_\_\_ DAYS PER WEEK.

OUR FISCAL/TAX YEAR WILL BE FROM \_\_\_\_\_ TO \_\_\_\_\_.

**PLEASE ATTACH THE FOLLOWING ITEMS:**

**1. DETAILED DIRECTIONS TO YOUR FACILITY/HOME**

**2. DIAGRAM OF THE FACILITY/BUILDING/HOME WHICH INDICATES ROOMS USED BY CHILDREN AND LOCATIONS FOR HAND WASHING AND TOILETING.**

**3. DAY CARE FAMILY HOMES-NAME ALL CAREGIVERS WITH THEIR AGES, ADDRESSES AND PHONE NUMBERS, AND ALL OTHER ADULTS IN THE HOME.**

**4. VOLUNTARY REGISTERED HOME-NAME ALL CAREGIVERS WITH THEIR AGES, ADDRESSES AND PHONE NUMBERS, AND ALL OTHER ADULTS IN THE HOME.**

**5. CENTER- NAME OF PROPOSED DIRECTOR AND DOCUMENTATION OF QUALIFICATIONS.**

**6. COPIES OF CRIMINAL RECORDS AND CHILD MALTREATMENT REGISTRY CHECKS ON APPLICANT.**

**7. COPIES OF FIRE AND HEALTH DEPARTMENT APPROVALS (IF APPLICABLE)**

**DCC 512 R(7/03)**

**8. RATES TO BE CHARGED:**

	INFANTS	TODDLERS	PRESCHOOL	SCHOOL AGE
HOURLY				
FULL DAY				
HALF DAY				
BEFORE & AFTER SCHOOL				
BEFORE SCHOOL				
AFTER SCHOOL				

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NIGHT

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**9. Has anyone in your immediate family (blood relative; by marriage; etc.); or anyone affiliated with your facility (sharing common ownership; board member; or any other interest) ever been debarred, terminated, suspended, or otherwise excluded from participation by a government unit?**

YES.....NO.....

If you answered YES, please list the name of the party or entity excluded:\_\_\_\_\_.

Relationship to you:\_\_\_\_\_.

Name of center or home excluded:\_\_\_\_\_.

**“UNDER THE PROVISIONS OF THE CHILD CARE LICENSING ACT 434 OF 1969, AMENDED, I HEREBY MAKE APPLICATION FOR A LICENSE/REGISTRATION TO OPERATE A CHILD CARE CENTER/FAMILY HOME/VOLUNTARY REGISTERED HOME. I HAVE REVIEWED THE MINIMUM LICENSING REQUIREMENTS/REGISTRATION REQUIREMENTS, AND AGREE TO COMPLY WITH THEM.”**

.....

Signature of person who will hold the license/registration \*\*

DATE

**\*\* A LETTER OF AUTHORIZATION IS REQUIRED IF THE PERSON SIGNING THIS FORM IS ANYONE OTHER THAN THE OWNER.**

MAIL TO:

YOUR CHILD CARE LICENSING SPECIALIST