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|  | **Tennessee Department of Human Services**  **Application to Renew a License to Operate a Child Care Agency** |

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|  |  |  |  |
| Regular Application Fee Paid | Check/Money Order # | Date | Receipt # |
|  |  |  |  |
| Biennial or Triennial – Balance Paid Application Fee Paid | Check/Money Order # | Date | Receipt # |

**Instructions:** This application must be completed in full. **Attach additional paper as needed.** Do not leave any

blanks. If you are unsure how to answer a question mark “?”. If the question does not apply to you mark “N/A”.

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| --- | --- | --- |
|  |  | -   - |
| Name of Child Care Agency | FEID Number & Extension | Telephone Number |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Agency Street Address | City | State | ZIP |
| Mailing address same as agency’s physical address | | | |
|  |  |  |  |
| Agency Mailing Address | City | State | ZIP |

Is the Child Care Agency in an occupied residence? (If yes, complete household members section on page 3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | | | Phone Number:    -   - | | |
|  | |  | |  |  | -   - |
| Street Address | | City | | State | ZIP | Phone |
|  |  | |  | | | |
| Driver’s License Number: | Driver’s License State | | Applicant or Agency Email Address (if any) | | | |

Business Organization

**For all organization types marked with an \* you must attach copies of all filings with the office of the Secretary of State.**

|  |
| --- |
| Full Legal Name and d/b/a Name of Business: |
| Legal Organization (mark only one):  Sole Proprietor  Partnership  Limited Liability Partnership (L.L.P.)**\***  Public Agency (all or part of the agency is owned or operated by a government entity)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sponsoring Government Agency | | Full name of agency contact person: | | | | |  |  | |  |  | -   - | | Street Address | City | | State | ZIP | Phone |   Franchise   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Parent Corporation Full Name | | Full name of corporation contact person: | | | | |  |  | |  |  | -   - | | Street Address | City | | State | ZIP | Phone |   Corporation (Mark one of the following)  Public Non-Profit   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sponsoring Government Agency | | Full name of agency contact person: | | | | |  |  | |  |  | -   - | | Street Address | City | | State | ZIP | Phone |   Private Non-Profit\*  For Profit\*  Limited Liability Corporation\*  Other (describe business organization, attach additional page if more space needed):   |  | | --- | |  |   **If application for re-licensure:**   |  | | --- | | Has the type of legal organization changed since issuance of the last license?  Yes  No | | If yes, state the type of the previous legal organization: |   **List All Owners (Attach list of additional owners):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Full Name: | | | | | | |  | |  | |  |  | | Street Address | | City | | State | ZIP | | -   - | -   - | | -   - | | | | Work Phone | Home Phone | | Other Phone | | |   **List Names, Locations (city/state) and Dates of Services for every child care agency the individual has owned, operated, been employed by, or volunteered for:**   |  |  |  | | --- | --- | --- | | Names | Locations (City/State) | Dates of Service | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **List All Members of the Oversight Authority (e.g., Board of Directors):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | Position Title: | | Work Phone:    -   - | | | |  | |  | |  |  | | Street Address | | City | | State | ZIP |   **List Names, Locations (city/state) and Dates of Services for every child care agency the individual has owned, operated, been employed by, or volunteered for:**   |  |  |  | | --- | --- | --- | | Names | Locations (City/State) | Dates of Service | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Attach list of additional members |

**Initial Application Information**

Complete this section if an initial application of  Director (Center)  Primary Caregiver (Homes)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Education: | GED | High School Diploma | College | (Associates) | (Bachelor’s) | (Master’s) | Other |

**Name of School** (Attach copy of Diploma / Certificate / Transcript)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| School Name | Street Address | City | State | ZIP |
| **Specialized Education** related to child care: | | | | |
| **Experience in working with young children:** (List most recent experience first, attach additional sheets of paper if necessary): | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | -   - | to | |
| Employer | Contact Person | | Phone Number: | Dates Worked | |
|  | |  | |  |  |
| Street Address | | City | | State | ZIP |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | -   - | to | |
| Employer | Contact Person | | Phone Number: | Dates Worked | |
|  | |  | |  |  |
| Street Address | | City | | State | ZIP |

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| --- | --- | --- | --- | --- | --- |
|  |  | | -   - | to | |
| Employer | Contact Person | | Phone Number: | Dates Worked | |
|  | |  | |  |  |
| Street Address | | City | | State | ZIP |

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|  |  | | -   - | to | |
| Employer | Contact Person | | Phone Number: | Dates Worked | |
|  | |  | |  |  |
| Street Address | | City | | State | ZIP |

Attach copy of your resume if available

**References:** (List 3 who are non-relatives with complete address and daytime telephone numbers)

|  |  |  |
| --- | --- | --- |
|  |  | -   - |
| Name | Address | Phone (include area code) |

|  |  |  |
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| Name | Address | Phone (include area code) |

|  |  |  |
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|  |  | -   - |
| Name | Address | Phone (include area code) |

**Household Members:** [Agency operated in occupied residence of applicant (Must list all household members, including children)]

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Relationship to Applicant | Date of Birth |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Relationship to Applicant | Date of Birth |

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| --- | --- | --- |
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| Name | Relationship to Applicant | Date of Birth |

# Program and Services

|  |
| --- |
| A. Type of service to be offered to children and parents: |
| B. Do you contract with a 3rd party to provide any programs or services? Example: Transportation; Physical, Art, or Tutoring Activities?  Yes  No If yes, please describe: |
| C. Number and type of meals and snacks to be served: |
| D. Admission requirements and enrollment procedures: |
| E. Provision for emergency medical care: |
| F. If agency provides transportation, describe transportation plans, procedures and the vehicles utilized in the transportation. Include all vehicle license plate numbers: |

|  |  |  |  |
| --- | --- | --- | --- |
| G. Insurance | | | |
| Facility Liability Insurance: Name of Company: | | | |
| Policy Number: | | | Expiration Date: |
| Facility Medical Payment Coverage: Name of Company: | | | |
| Policy Number: | | | Expiration Date: |
| Vehicle Liability Insurance: Name of Company: | | | |
| Policy Number: | | | Expiration Date: |
| Vehicle Medical Payment Coverage: Name of Company: | | | |
| Policy Number: | | | Expiration Date: |
|  | | | |
| H. In compliance with (check): Section 504  Title VI, Civil Rights Agreement | | | |
|  | | | |
| I. Have there been any changes in the following areas in the past year?   1. Has your agency changed admission policy?  Yes  No 2. Has your agency made any changes in parent involvement/education activities?  Yes  No  |  | | --- | | If yes, please explain: | | | | |
| 1. Hours of operation | Yes | No | |
| 1. Ages of children enrolled | Yes | No | |
| 1. Classroom usage | Yes | No | |
| 1. Classroom schedule | Yes | No | |
| 1. Program philosophy or policies | Yes | No | |
| 1. Curriculum used with children | Yes | No | |
| 1. Discipline policy or methods | Yes | No | |
| 1. Other (explain): | Yes | No | |
| If any item(s) 1-10 marked yes, explain changes made: | | | |

## Food

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you participate in the Child and Adult Care Food Program (CACFP)? | | Yes | No |
| 1. Do you participate in the Summer Food Service Program (SFSP)? | | Yes | No |
| 1. Do you: | prepare and serve meals, | | |
|  | have meals catered, or | | |
|  | require children to bring a sack lunch | | |
| 1. Have any changes been made in food planning/preparation (e.g. new kitchen, different cook, site of preparation) or in food service (e.g. where children eat, adult supervision)? | | Yes | No |
| If yes, please describe: | | | |

## Care of Children With Special Needs

|  |  |  |
| --- | --- | --- |
| Are there children with special needs in your program? | Yes | No |
| If yes, please describe special needs: | | |

**Star-Quality Program Participation:**

Upon re-application, every licensed child care agency receives a mandatory Report Card Evaluation. If you are eligible to earn Stars as a result of this evaluation your agency may elect to be enrolled in the Star-Quality Child Care program. Regardless of whether or not you choose to participate, you will still be required to go through the assessment process and to post a report card. Please indicate your preference for participation below.

If found eligible to earn Stars (indicate your choice by checking the applicable box below):

I wish to participate in the Star-Quality program.

I wish to participate in the Star-Quality program, but I do not wish to receive Star-Quality Child Care Certificate Bonus payments. (Bonus payments are only applicable for agencies participating in the Child Care Certificate Program)

I do not wish to participate in the Star-Quality program.

I understand that, by declining to participate, I may not advertise my agency as a “Star-Quality program”:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF RECORDS AND QUALIFICATIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name & Position | Date Started Work | Date of OK to Work Letter | Training Hours This Licensing Year | Years Experience | Highest Level of Education | CDA | Prof. Dev. Plan | Date of Physical | Date of Staff Orientation | Infant/Child CPR | Required First Aid | Personnel Evaluation | Work Verification | References | Hours and Days Worked | TECTA | Other |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Staffing Pattern

Use the chart on the next page to describe how the program is staffed. For each hour of the day indicate the number of children enrolled in the group, the staff members assigned to the group, and the hours worked by each staff members. A group is the number of children assigned to a staff member or team of staff members occupying an individual classroom or well-defined space within a larger room. If your program is not organized into self-contained classrooms but employs an open space organizational structure, please attach clear information about the arrangement of the environment (a floor plan) and how the children are grouped within it. Clarify how the staffing criteria (adult:child ratio and group size) are met in this environment. See examples below. Make additional copies as needed for all groups.

**SAMPLE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
| Bambinos | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
| 0 | 2 | 8 | 10 | 10 | 10 | 10 | 10 | 9 | 9 | 5 | 5 | 2 |  |
| Number | Age | Hours of each staff member  **Julie (7:30 – 3:30)**  **Marty (12:00 – 6:30)** | | | | | | | | | | | | | |
| **4** | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
| Happy Faces | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
| 3 | 8 | 15 | 16 | 16 | 16 | 16 | 16 | 16 | 13 | 10 | 8 | 2 |  |
| Number | Age | Hours of each staff member  **Nancy (6:30 – 5:00)**  **A. Smith (8:00 – 5:30)** | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
| **8** | Preschoolers **(2-4)** |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
| Kool Kids | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
| 2 | 8 | 12 | 0 | 0 | 0 | 0 | 0 | 15 | 22 | 18 | 15 | 5 |  |
| Number | Age | Hours of each staff member  **Marty (6:30 – 8:30)**  **M. Smith (1:00 – 5:00)** | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
| **20** | Schoolagers **(K-9)** |

Staffing Pattern

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group Name | | AM | NUMBER OF CHILDEN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
|  | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number | Age | Hours of each staff member | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
|  | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number | Age | Hours of each staff member | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
|  | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number | Age | Hours of each staff member | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
|  | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number | Age | Hours of each staff member | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |
| Group Name | | AM | NUMBER OF CHILDREN ENROLLED EACH HOUR | | | | | | | | | | | | PM |
|  | | 6:00 | 7:00 | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 | 6:00 | 7:00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number | Age | Hours of each staff member | | | | | | | | | | | | | |
|  | Infants |
|  | Toddlers |
|  | Preschoolers |
|  | Schoolagers |

**Declarations**

I affirm that I am the owner or the authorized representative of the owner of the child care agency and the information provided is accurate, correct and complete to the best of my knowledge.

I have read and understand the rules by which my agency is required to operate.

I understand that providing false or misleading information may result in the denial of the application or revocation of the current license, and may additionally constitute a Class A misdemeanor, pursuant to the provisions of Tenn. Code Ann. § 71-3-505(c)(1)(3) and (4).

I understand that any change in ownership or in the business organization of the agency automatically terminates the child care license. (Tenn. Code Ann. § 71-3-502(e)) I understand that I am required to notify the Tennessee Department of Human Services (TDHS) before changing ownership or changing the business organization of the child care agency.

I understand that by my signature, I am authorizing TDHS to verify the information supplied in this application. I agree to abide by the licensing standards of TDHS rules and the licensing laws (Tenn. Code Ann. § 71-3-501 et seq.). I understand that the appropriate fee must be submitted to TDHS with this application when applying for a license to operate a child care agency, and is non-refundable. I understand that the child care agency license, if granted, is valid for one (1) year. (Tenn. Code Ann. § 71-3-502(a)(1), (d)(4)(A)) **I also understand that for renewal of the license at the end of the licensing year, the license renewal application and fee must be received by TDHS or postmarked, if mailed, by the license expiration date. (Tenn. Code Ann. § 71-3-502(c)) Failure to timely renew will require the agency to close and cease operation.** The operation of a child care agency without a license is a Class A misdemeanor, and will result in TDHS taking legal action. (Tenn. Code Ann. §§ 71-3-504, 71-3-505(c)).

**Application Fee**

I am applying for a child care license to operate the following type agency and agree to submit the indicated fee by cashier’s check or money order payable to the **Treasurer, State of Tennessee (child care license). The license renewal application and fee must be received by TDHS or postmarked, if mailed, by the license expiration date.** Use business physical address on cashier’s checks or money orders (no P.O. Boxes). Please submit your application and fee to your Program Evaluator at the time of the visit or mail them to the local licensing office.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Care Center** | | | | | **Child Care Center** | | | | | | **Child Care Center** | | | |
| Less than 100 children | | | | | 100-250 children | | | | | | More than 250 children | | | |
|  | Annual Fee | | $200 | |  | Annual Fee | | | $400 | |  | Annual Fee | | $500 |
|  | Two Star Biennial Fee | | $250 | |  | Two Star Biennial Fee | | | $450 | |  | Two Star Biennial Fee | | $550 |
|  | Three Star Triennial Fee | | $300 | |  | Three Star Triennial Fee | | | $500 | |  | Three Star Triennial Fee | | $600 |
|  | | | | | | | | | | | | | | |
| **Drop-In Center** | | | | | | | | | | | | | | |
| Annual Fee | | | | | | | $200 | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Group Homes** | | | | | | | | | | | | | | |
| Annual Fee | | $125 | | Biennial Fee | | | | $175 | | Triennial Fee | | | $200 | |
|  | | | | | | | | | | | | | | |
| **Family Homes** | | | | | | | | | | | | | | |
| Annual Fee | | $100 | | Biennial Fee | | | | $150 | | Triennial Fee | | | $175 | |

(Please sign below:)

Print Name of Individual Completing Form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Owner or Authorized Representative (signature of owner or authorized representative required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner or Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_