

# Outdoor Nature-Based (ONB) Child Care License Application

# Instructions

1. Enter the name of the applying agency as it appears in its articles of incorporation or the incorporated name of any applicant or the name of the sole proprietor/owner of the ONB program.
2. Enter the address of the applying agency or owner (applicant). If a post office box is used, or if mail for branches is received at the parent organization, make a notation here.
3. Enter the telephone number where the applicant can be reached.
4. Enter the fax number of the applicant.
5. Enter the e-mail address of the applicant.
6. Check the box that identifies the type of organization.
7. Enter the name of the child care ONB program.
8. Check appropriate box. If “yes” is marked, add Tribe name.
9. Enter your Social Security Number (SSN), your Employer Identification Number (EIN) or Individual Taxpayer Identification Number (ITIN).
10. Enter the physical address of the ONB program if different than line 2.
11. Check the appropriate box.
12. Enter the mailing address if different than line 10.
13. Enter the telephone number for the ONB program.
14. Enter the fax number for the ONB program.
15. Enter the e-mail address for the ONB program.
16. Enter the name of the local zoning, planning, or building code agency responsible for the area where ONB program is located. We need this information to notify local zoning, planning, and building code agencies we have received your application. It is your responsibility to contact local authorities and to comply with local ordinances.
17. Give directions to the ONB program from the nearest major freeway exit.
18. Enter name and telephone number of the person to contact at the ONB program.
19. If the ONB program is operated by an organization, corporation, or other legal entity, enter the name and telephone number of the person charged with the active management of the organization.
20. List the names and position titles of ONB staff and volunteers, if known.
21. Enter the days and times of the program’s operation.
22. Number of children you wish to be licensed for and age ranges you prefer.
23. Check box if you have previously been licensed or certified. If you have, list by what name and where.
24. Check box if you are licensed in another area of the state and list location.
25. Check appropriate box. If “yes” is marked, attach an explanatory statement.
26. Check appropriate box. If “yes” is marked, attach an explanatory statement.
27. The chairperson of the board signs the application if the agency is board sponsored; otherwise, the application is signed by the agency owner, or area or district manager.
28. Include with this application the documents listed in this section. Incomplete applications will be returned.

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| C:\Users\eva.freimuth\Downloads\DCYF-Logo-BW (1).jpg | | Outdoor Nature-Based Child CareLicense or Certification Application | | | | | | | | | | | | | DCYF use: Provider ID #: |
| Type of Application:  Initial  Certification  Other | | | | | | | | | | | | | | | |
| 1. Agency Name (Parent Corporation/Organization, Sole Proprietor/Owner) | | | | | | | | | | | | | | | |
| 2. Agency Address City County State Zip Code | | | | | | | | | | | | | | | |
| 3. Telephone Number | | | 4. Fax Number | | | | | | | 5. Email Address | | | | | |
| 6. Type of Organization  Government agency  Individual/sole proprietor  Corporation  Non-profit Corporation  Partnership  Indian Tribe  LLC filing as sole proprietor  LLC filing as corporation  LLC filing as partnership | | | | | | | | | | | | | | | |
| 7. Outdoor Nature-Based Program Name/DBA | | | | | | | 8. Is the street address on Tribal land?  Yes  No  If yes, which Tribe? | | | | | | | | |
| 9. Employer Identification Number (EIN)    Or Individual Taxpayer Identification Number | | | | | | | Or | | Social Security Number (SSN) | | | | | | |
| 10. Address of Outdoor Nature-Based location if different than Line 2 City County State Zip Code | | | | | | | | | | | | | | | |
| 11. Is the Outdoor Nature-Based program location on:  Private land OR  Public land | | | | | | | | | | | | | | | |
| 12. Mailing Address if different than Line 2 City County State Zip Code | | | | | | | | | | | | | | | |
| 13. Outdoor Nature-Based Telephone Number | | | | 14. Outdoor Nature-Based Fax Number | | | | | | | | 15. Outdoor Nature-Based Email Address | | | |
| 16. Which local zoning, planning or building code agencies have responsibility where the facility will be located? | | | | | | | | | | | | | | | |
| 17. Directions for reaching the outdoor nature-based location (including seasonal changes in meeting place) | | | | | | | | | | | | | | | |
| 18. Contact Person’s Name | | | | | | | | | | Telephone Number | | | | | |
| Primary/preferred language? | | | | | | | | Secondary language? | | | | | | | |
| I request that DCYF staff access interpreter services, at no cost to me, when they speak with me.  Yes  No | | | | | | | | | | | | | | | |
| 19. If the ONB program is operated by an organization, corporation, or other legal entity (including, but not limited to, a limited liability company, partnership, or other organization) please list the person charged with the active management of the organization or legal entity. A person charged with the active management of the company may include, but not be limited to, an executive director, company president, pastor, or chief operating officer. | | | | | | | | | | | | | | | |
| Name: | | Title: | | | | | | | | | Telephone Number: | | | | |
| 20. List the name and position title of ONB staff and volunteers, if known. (Attach another page if needed.) | | | | | | | | | | | | | | | |
| Name | Position Title | | | | | | | Name | | | | | | Position Title | |
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| 21. Days and times of program operation:  Sunday       to       Monday       to       Tuesday       to       Wednesday       to  Thursday       to       Friday      ­ to       Saturday      ­ to | | | | | | | | | | | | | | | |
| 22. Daily Number of Children       Ages Preferred       To | | | | | | | | | | | | | | | |
| 23. A. Have you previously been licensed or certified?  Yes  No | | | | | B. If yes, indicate by what name and where? | | | | | | | | | | |
| 24. A. Is the agency licensed in another area of the state?  Yes  No | | | | | B. If yes, indicate location. | | | | | | | | | | |
| 25. Have you been denied a license to care for children or adults?  Yes  No    26. Have you had a license to care for children or adults suspended or revoked?  Yes  No  If “yes” is marked for 22 or 23, attach an explanatory statement. | | | | | | | | | | | | | | | |
| 27. The Department of Children, Youth, and Families (DCYF) may not license, make referrals to, payments to, or include in its directories the names of agencies that discriminate in the provision of services because of race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability; or that discriminate in employment practices because of race, creed, color, national origin, sex, honorably discharged veteran or military status, marital status, gender, sexual orientation, age, religion, or ability. I hereby agree not to engage in prohibited discriminatory practices.  I (we) further certify that I (we) have read, understand and agree to comply with the provisions of Chapter 43.216 of the Revised Code of Washington (child care agency licensing statute), and with the provisions of Chapter 110-302 of the Washington Administrative Code (WAC) licensing requirements. I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge and give permission to DCYF to contact past employers, and to obtain personnel records from previous employers.  (we) further understand that DCYF does a Portable Background Check (PBC), including a review of DCYF records to check for abuse/neglect findings pertaining to any persons applying for a child care license and the persons’ employees, if any. The information that I (we) share with DCYF is subject to verification by federal and state officials.  NOTE: Pursuant to RCW 43.216.260(2), the department may deny, suspend, or revoke your license if you try to, or do, receive a license through deceitful means, fraud, or material omissions because it shows a lack of character, suitability, and competence required of a licensed child care provider. | | | | | | | | | | | | | | | |
| **I declare under penalty of perjury under the laws of the State of Washington that the information provided in this Child Care License Application or Certification Application is true and correct.** | | | | | | | | | | | | | | | |
| Applicant Signature | | | | | | Place of Signature (City and State) | | | | | | | Date | | Title |
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| 28. 0400 Application materials to be submitted with application: After completing a department orientation, an applicant must submit a complete license application packet, pursuant to chapter 43.216 RCW. This requirement also applies to a change of ownership. A complete license application packet includes:  Professional and background information about the applicant:   * A completed department application form * A copy of the applicant’s Outdoor Nature-Based orientation certificate (orientation must be taken within twelve months prior to applying for a license); * A copy of the applicant’s current government issued photo identification; * A copy of the applicant’s Social Security card or sworn declaration stating that the applicant does not have one; * The applicant’s employer identification number (EIN) if applicant plans to hire staff; and * Employment and education verification. For example, diploma, degrees, transcripts, or a sworn declaration stating that the applicant cannot verify education requirements;   Information about the ONB program space:   * A site plan that describes the proposed use of the licensed and unlicensed space and provides a diagram with all pertinent measurements of the natural space, licensed space, and unlicensed space; * A description and diagram of any permanently located outdoor classroom and gross motor active play area; * A description of any areas or locations that will be used regularly for risky educational or play activities and areas or locations that may involve risky educational or play activities; * For all applicable areas and activities, completed benefit risk assessments that are in compliance with the requirements described in WAC 110-302-0471; * A description of the proposed shelter that will be used by children and staff during an emergency; * A description of the proposed toileting facilities that will be used by children and staff, including a description of any alternative toileting policies and practices that may be implemented; * A floor plan of any buildings or structures that may or will be used that includes a description and diagram of all emergency exits and emergency exit pathways; * For ONB program spaces that will rely on a private septic system, the applicant must provide documentation that is no more than three years old and is from a licensed inspector, septic designer, or engineer that states the septic system and drain field are maintained and in good working order; * For ONB program spaces that will receive water from a well, the applicant must provide E. coli bacteria and nitrate testing results that is no more than twelve months old; * For ONB program spaces located in the Tacoma smelter plume areas of King, Pierce, and Thurston counties or the Everett Smelter plume area of Snohomish county, the applicant must provide a lead and arsenic evaluation agreement; * Lead and copper test results for drinking water; * License fee (non-refundable) * ONB: $125 for the first twelve children plus $12 for each additional child over the licensed capacity of twelve (applicant may submit $125 with application packet and then after DCYF determines the facilities capacity AND prior to the initial license being issued, the remaining license fee must be paid in full).   The following information about ONB program staff:   * A resume for the applicant, director, program director, assistant director, program supervisor, and site director.   The following policy documents, which will be reviewed by the department and returned to the applicant:   * Parent and ONB program policies; * Staff policies; * An emergency preparedness plan; and * Health policies.   A complete application also includes:   * A signed and dated interlocal agreement between a federally recognized tribe and the department, if applicable; * All licenses that are required by the state of Washington, a county, city, or tribe, including a business and occupation license; * Liability insurance; * A certificate of incorporation, partnership agreement, or similar business organization document; * A land-use agreement that is signed by the land owner, if applicable. If the land-use agreement is between the ONB program and a public park, the official with the designated authority must sign on behalf of the public park. The land-use agreement must describe: * The shared and individual roles and responsibilities of the ONB program, and the land owner or public park; and * The agreed-upon space the ONB program will occupy and other agreed-upon space that will be accessible to the ONB program. Land-use agreements are not required for ONB programs operating on private property owned by the licensee; * Proof that the local emergency management system, fire district, or other applicable emergency response agencies have been provided notice of the location of the ONB program. The notice must be provided by the ONB program using a department approved form; and * If required by any local government agency, a certificate of occupancy that approves the ONB program’s occupancy of the ONB program licensed and unlicensed space.   An applicant must submit a completed application packet at least ninety calendar days prior to the planned opening of the ONB program. The department will inspect the ONB program space and all submitted application materials before deciding whether to issue a license to the applicant.   * The ninety calendar days begins when the department receives a complete application packet. * Incomplete application packets will be returned to the applicant for completion. * An applicant that is unable to successfully complete the application and licensing process within ninety days may withdraw the application and reapply when the applicant is able to meet the licensing requirements. If the applicant has completed the steps of the application process within ninety days but an external barrier out of the applicant’s control exists, the reapplication fee will be waived one time. * An applicant who is unable to meet the application requirements and has not withdrawn their application will be denied a license, pursuant to RCW 43.216.325. | | | | | | | | | | | | | | | |



Public Notice of Nondiscrimination

***Notice Of Nondiscrimination On The Basis Of Disability Under The Americans With Disabilities Act Of 1990 And Section 504 Of The Rehabilitation Act Of 1973***

Per the requirements of Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, Washington State’s

Department of Children, Youth, and Families (DCYF) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

**Effective Communication**

DCYF will, upon request, provide appropriate aids and services in order to ensure effective communication for qualified persons with disabilities so they can participate equally in DCYF’s programs, services, and activities. Such aids and services may include qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures**

DCYF will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to participate in all DCYF programs, services, and activities. For example, individuals with service animals are welcomed in State offices, even where animals are generally prohibited.

**Requesting an Aid or Service to Ensure Effective Communication or a Modification Of Policies**

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a DCYF program, service, or activity, should notify one of the below staff members as soon as possible, preferably 48 hours in advance of the scheduled event:

1. A DCYF employee, or
2. The DCYF ADA Coordinator [**dcyf.adaaccessibility@dcyf.wa.gov**](mailto:dcyf.adaaccessibility@dcyf.wa.gov)Phone: (360) 480-7230, relay users dial 7-1-1

The ADA does not require DCYF to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

**Complaints**

Complaints that a DCYF program, service, or activity is not accessible to persons with disabilities should be directed to:

Karin Morris, ADA Coordinator

Department of Children, Youth, and Families 1500 Jefferson St., SE

Olympia, WA 98501 [**dcyf.adaaccessibility@dcyf.wa.gov**](mailto:dcyf.adaaccessibility@dcyf.wa.gov)Phone: (360) 480-7230

Washington Relay: 711 or 1-800-833-6384

The State of Washington will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids or services or reasonable policy modifications.

While DCYF has an internal ADA grievance policy, this policy does not in any way prevent an individual with a disability from filing a complaint of disability discrimination with the US Department of Justice’s Civil Rights Division for ADA Title II violations, the

U.S. Department of Health and Human Services for Section 504 violations, or Washington State’s Human Rights Commission.

**US Department of Justice (DOJ), Civil Rights Division**

[**https://civilrights.justice.gov**](https://civilrights.justice.gov/)

Contact The Department Of Justice

to Report a Civil Rights Violation online:

[**https://civilrights.justice.gov/report**](https://civilrights.justice.gov/report/)

To file an ADA Complaint by mail, download the ADA Complaint form: [**www.ada.gov/t2cmpfrm.htm**](http://www.ada.gov/t2cmpfrm.htm)**l**

Send the completed form to:

US DOJ – Civil Rights Division 950 Pennsylvania Ave, NW 4CON, 9th Floor Washington, DC 20530

**US Department of Health & Human Service, Office of Civil Rights**

Civil Rights Complaint fIling instructions: [**www.hhs.gov/civil-rights/filing-a-complaint/complaint-**](http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)[**process/index.html**](http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

Online HHS - OCR Complaint Portal:

[**https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

To file a Section 504 of The Rehabilitation Act Complaint by mail, download form the Civil Rights Discrimination form: [**www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-**](http://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf)[**complaint-forms-508r-11302022.pdf**](http://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf)

Send the completed form to:

Centralized Case Management Operations

U.S. HHS – 200 Independence Ave., S.W. Room 509F HHH Bldg.

Washington DC 20201

**Washington State Human Rights Commission (WSHRC)**

[**www.hum.wa.gov**](http://www.hum.wa.gov/)

To file a Disability Discrimination Complaint related to a Public Accommodation by mail, download the Public Accommodation Complaint form:

* English version [**www.hum.wa.gov/sites/default/files/public/**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/PA_Credit_Insurance_Inquiry_Form_V1.6_Fillable.pdf)[**complaint-form/PA\_Credit\_Insurance\_Inquiry\_**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/PA_Credit_Insurance_Inquiry_Form_V1.6_Fillable.pdf)[**Form\_V1.6\_Fillable.pdf**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/PA_Credit_Insurance_Inquiry_Form_V1.6_Fillable.pdf)
* Spanish version [**www.hum.wa.gov/sites/default/files/public/**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/Cuestionario_AP_Credito_Aserguranza_V1.4_Rellenable.pdf)[**complaint-form/Cuestionario\_AP\_Credito\_**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/Cuestionario_AP_Credito_Aserguranza_V1.4_Rellenable.pdf)[**Aserguranza\_V1.4\_Rellenable.pdf**](http://www.hum.wa.gov/sites/default/files/public/complaint-form/Cuestionario_AP_Credito_Aserguranza_V1.4_Rellenable.pdf)

Send the completed form to:

WSHRC – Olympia Headquarters 711 S. Capitol Way, Suite 402

Olympia, WA 98504