

# NOTIFICATION OF INCOMPLETE APPLICATION (NOIA) CHILD CARE CENTERS

## PRE-30-DAY NOIA

DATE:
APPLICANT'S NAME:
FACILITY FILE NUMBER:

The Department of Social Services received your application for a child care center license on \_\_\_\_\_. The Department's review found your application is incomplete as we have not received the items checked below. Please forward the requested information in order to avoid denial of your application. If your application is denied, you may not be able to reapply for a period of one year.

### SECTION A (LICENSING FORMS)

- Application for Child Care Center License (LIC 200A)
- Applicant Information (LIC 215)
- Designation of Facility Responsibility (LIC 308)
- Administrative Organization (LIC 309)
- Monthly Operating Statement (LIC 401)
- Financial Information Release and Verification (LIC 404)
- Personnel Report (LIC 500)
- Personnel Report (LIC 501)
- Health Screening Report -- Facility Personnel (LIC 503) for:
  
- Criminal Record Statement (LIC 508) for Applicant and for:
- Emergency Disaster Plan for Child Care Facilities (LIC 610)
- Facility Sketch (Floor Plan) (LIC 999)
- Orientation Certificate

### SECTION B (SUPPORTIVE DOCUMENTS)

- Partnership Agreement/Articles of Incorporation
- Verification of Administrator/Director Qualifications
- Copies of T.B. Clearances for applicant and for:
  
- Personnel Policies
- In-Service Training for Staff
- Job Description for Each Position
- Facility Program Description
- Discipline Policies
- Admission Policies and Procedures
- Admission Agreement
- Sample Menu
- List of Indoor/Outdoor Play Equipment and Inventory of Furniture
- Control of Property
- Bacteriological Analysis of Water (where water for human consumption is from a private source)
- Other:

**ADDITIONAL INFORMATION:** The Department will need to receive criminal record clearance(s) (or exemption by the Department), fire clearance and water safety clearance when water is from a private source prior to scheduling your pre-licensing visit.

LICENSING REVIEWER'S SIGNATURE

PHONE NUMBER  
( )