NOTIFICATION OF INCOMPLETE APPLICATION FAMILY CHILD CARE HOME

DATE:
APPLICANT'S NAME:
FACILITY FILE NUMBER:

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	FACILITY FILE NUMBER:	
The Department of Social Services received your application for a Department's review found your application is incomplete as we have information no later than If the Department application can be denied for failure to cooperate, pursuant to Health ar for a period of one year.	not received the items checked below. Please forward the requested does not receive the requested information by the above date, your	
SECTION A (LICENSING FORMS)	SECTION B (SUPPORTIVE DOCUMENTS)	
 □ Application for Family Child Care Home License (LIC 279) □ Current Children in Your Home (LIC 279B) □ Criminal Record Statement (LIC 508) for Applicant and for: 	 □ Proof of Completion of 15 Hours in Health and Safety Training □ Copies of T.B. Clearances for applicant and for: 	
Emergency Disaster Plan for Child Care Facilities (LIC 610A) Facility Sketch Floor Plan - Family Child Care Home (LIC 999A) Property Owner/Landlord Consent - Family Child Care Home (LIC 9149) Orientation Certificate	Proof of Relevant Experience (Large Family Child Care Home ONLY) Pre-Licensing Readiness Guide - (LIC 9217) 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 (for large family child care homes) and water safety clearance when water is from a private source prior to scheduling your pre-licensing visit.		
LICENSING REVIEWER'S SIGNATURE	PHONE NUMBER ()	

LIC 184B (1/14)