NOTIFICATION OF INCOMPLETE APPLICATION FAMILY CHILD CARE HOME

DATE:
APPLICANT'S NAME:
FACILITY FILE NUMBER:

				FACILITY FILE NUMBER:	
Dep infor appl	Department of Social Services received your application for a artment's review found your application is incomplete as we have mation no later than If the Department ication can be denied for failure to cooperate, pursuant to Health ar period of one year.	not red does r	eived the	the items checked below. Please forward the requested below the requested information by the above date, you	
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:			of Completion of 15 Hours in Health and Safety Training es of T.B. Clearances for applicant and for:	
crim clea clea	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 Orientation Certificate Orientation Certificate Orientation Certificate to receive inal record clearance(s) (or exemption by the Department), fire rance (for large family child care homes) and water safety rance when water is from a private source prior to scheduling your icensing visit.		(Large Pre-Lic Bacter	of Relevant Experience e Family Child Care Home ONLY) icensing Readiness Guide - (LIC 9217) eriological Analysis of Water (where water for human amption is from a private source)	
LICEN	SING REVIEWER'S SIGNATURE			PHONE NUMBER	
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LIC 184B (1/14)