## NOTIFICATION OF INCOMPLETE APPLICATION (NOIA) CHILD CARE CENTERS

DATE:
APPLICANT'S NAME:
FACILITY FILE NUMBER:

## **30-DAY NOIA**

Ninety (90) days have passed since the Department of Social Services received your application on \_\_\_\_\_\_. Your application remains incomplete as we have not received the items checked below. Please forward the requested information within the thirty (30) days from the date of this notice. If the Department does not receive the requested information, your application shall be deemed withdrawn provided the Department has not denied or taken action to deny your application.

SECTION A (LICENSING FORMS)			SECTION B (SUPPORTIVE DOCUMENTS)	
	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)		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	
	Health Screening ReportFacility Personnel (LIC 503) for:		Admission Agreement Sample Menu	
	Criminal Record Statement (LIC 508) for Applicant and for:  Emergency Disaster Plan for Child Care Facilities		List of Indoor/Outdoor Play Equipment and Inventory of Furniture  Control of Property	
	(LIC 610) Facility Sketch (Floor Plan) (LIC 999) Orientation Certificate		Bacteriological Analysis of Water (where water for human consumption is from a private source)  Other:	
mina aran	ONAL INFORMATION: The Department will need to receive I record clearance(s) (or exemption by the Department), fire ce and water safety clearance when water is from a private prior to scheduling your pre-licensing visit.			
CENSING REVIEWER'S SIGNATURE			PHONE NUMBER	

LIC 184D (1/14)