

# Applying for a Group Child Care Community Care Facility Licence: **Preparing and submitting your application documents**

## Intake application documents

Typically, these include:

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

They are submitted to the REACH Intake Team at [REACHccfl@vch.ca](mailto:REACHccfl@vch.ca) and where possible we ask that these documents are submitted at the same time. This helps in processing and reviewing the information.

Let's explore what these documents look like starting with the Application for Licence...

## Intake application documents

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

# Application for Licence

The Application for Licence can be found on our website at <https://www.vch.ca/en/media/11901> and is a fillable pdf form.



- Save the blank form to your computer.
- Complete all sections of the form on the computer (not handwritten) as this helps to reduce errors when we enter your information into our system.
- Check the form to make sure the information is correct.
- We respectfully ask that you send the completed form to [REACHccfl@vch.ca](mailto:REACHccfl@vch.ca) as an attachment, not embedded in the body of the email.

# Understanding the form

The 'Application For Licence' is divided into the following sections:

- Facility Information
- Licensee Information
- For Corporations, Societies or Boards
- Manager Information
- Mailing address and email address for correspondence
- Proposed types of care
- Declaration and Authorization

Let's look at what these sections mean and what needs to be completed.

# Facility Information

- **Facility Name.** This is the name of your program e.g. Happy Kidz.
- **Facility Address.** This is where the program will operate.
- **Premise Information.** This lets Licensing know if you are leasing/renting the property or if you own it yourself.
- **Will you be providing food prepared by a permitted kitchen or catering company.** This provides the name so that the kitchen/commissary can be verified as one that has been inspected by Environmental Health and has a permit to provide food.
- **Business Type.** This is to be completed if you are registered as a specific type of business. If you are a partnership or corporation you will need to submit additional documents such as a copy of your *Partnership Certificate* or your *Certificate of Incorporation* and *Notice of Articles*.



## APPLICATION FOR LICENCE CHILD CARE

The personal information collected relates directly to and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act* information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.

Facility Information	
Facility Name	<input type="text"/>
Facility Address (please include the street, city, province, and postal code)	<input type="text"/>
Facility Phone Number	Facility Email Address
Potable water is provided (water that is safe to drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details)
The facility is part of the Municipal water system	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. well, private)
The facility is part of the Municipal sewerage system	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. septic system)
Premise information:	<input type="checkbox"/> Leased / Rented <input type="checkbox"/> Owned
Will you be providing food?	<input type="checkbox"/> Yes <input type="checkbox"/> No, all food will be provided by the families.
Will you be providing food prepared by a permitted kitchen or catering company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide the name:	<input type="text"/>
Business Type	<input type="checkbox"/> Sole Proprietorship (one owner) <input type="checkbox"/> Board of Education <input type="checkbox"/> Partnership (two or more individuals or companies) <input type="checkbox"/> Indigenous Governing Body <input type="checkbox"/> Not-for-profit Organization or Society <input type="checkbox"/> Local Government <input type="checkbox"/> Corporation

Licensee Information	
Licensee Name	Phone Number
Licensee Address (please include the street, city, province, and postal code)	Email
I have previously applied to be a Licensee of a Community Care Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am at least 19 years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
Names of community care facilities that I have previously applied for or operated:	

For Corporations, Societies or Boards: Designated Director Information	
Designated Director Name	Phone Number
Province or Territory where Director resides:	Email
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Types

Group Child Care can be owned by different business types including Sole Proprietorship, Partnership or Corporation.

If you are a corporation, to meet the requirements of Section 11 of the *Community Care and Assisted Living Act* you will need to complete this section of the Application for Licence.

For Corporations, Societies or Boards: Designated Director Information		
Designated Director Name	Phone Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province or Territory where Director resides: <input type="checkbox"/> BC <input type="checkbox"/> Other (please specify): <input type="text"/>		
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request.		<input type="checkbox"/> Yes <input type="checkbox"/> No

You will also be asked to provide a copy of your *Certificate of Incorporation* and *Notice of Articles* to Licensing as part of your application documents.



# Licensee Information

A Licensee is the person or organization responsible for ensuring the facility complies with the legislation.

- **Licensee Name** is the name of the owner of the facility. This could be a person or a company depending on your business type.
- **Licensee Address** is the address belonging to the person or company. If you are a partnership or corporation this should match the registered address on your *Statement of Partnership* or *Certificate of Incorporation*.
- **Names of community care facilities that I have previously applied for or operated.** If you previously applied to be a licensee, even if the application did not move ahead, please complete this section.



Vancouver Coastal Health		APPLICATION FOR LICENCE CHILD CARE	
<small>The personal information collected relates directly to and is necessary for program operation per Section 26 of the <i>Freedom of Information and Protection of Privacy Act</i>. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.</small>			
<b>Facility Information</b>			
Facility Name			
Facility Address (please include the street, city, province, and postal code)			
Facility Phone Number		Facility Email Address	
Potable water is provided (water that is safe to drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details)		
The facility is part of the Municipal water system	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. well, private)		
The facility is part of the Municipal sewerage system	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. septic system)		
Premise information:	<input type="checkbox"/> Leased / <input type="checkbox"/> Rented <input type="checkbox"/> Owned		
Will you be providing food?	<input type="checkbox"/> Yes <input type="checkbox"/> No, all food will be provided by the families.		
Will you be providing food prepared by a permitted kitchen or catering company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes, please provide the name:			
Business Type	<input type="checkbox"/> Sole Proprietorship (one owner) <input type="checkbox"/> Partnership (two or more individuals or companies) <input type="checkbox"/> Not-for-profit Organization or Society <input type="checkbox"/> Corporation	<input type="checkbox"/> Board of Education <input type="checkbox"/> Indigenous Governing Body <input type="checkbox"/> Local Government	
<b>Licensee Information</b>			
Licensee Name	Phone Number	Email	
Licensee Address (please include the street, city, province, and postal code)			
I have previously applied to be a Licensee of a Community Care Facility		<input type="checkbox"/> Yes <input type="checkbox"/> No	I am at least 19 years old <input type="checkbox"/> Yes <input type="checkbox"/> No
Names of community care facilities that I have previously applied for or operated:			
<b>For Corporations, Societies or Boards: Designated Director Information</b>			
Designated Director Name		Phone Number	Email
Province or Territory where Director resides:		<input type="checkbox"/> BC <input type="checkbox"/> Other (please specify):	
Director agrees to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request.		<input type="checkbox"/> Yes <input type="checkbox"/> No	



# For Corporations, Not-for-Profit Societies or Boards

## ■ Contact Information

This section is for Corporations, Societies or Boards to specify the name and contact information for a Director, Board Member, or someone with signing authority, living in BC or a prescribed province.

This person would be contacted by Licensing if there are any issues or updates relevant to the facility, and must agree to be available to respond to inquiries from Licensing within 24 hours. They must also be able to provide financial and/or other records relating to the facility if requested.



Vancouver Coastal Health		APPLICATION FOR LICENCE CHILD CARE	
<small>The personal information collected relates directly to and is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a licence may be disclosed per Section 22(4)(i) of the Act, as it is not considered an unreasonable invasion of personal privacy. If you have any questions about the collection and use of this information contact your local Community Care Facilities Licensing Office.</small>			
<b>Facility Information</b>			
Facility Name	Facility Phone Number	Facility Email Address	
Facility Address <small>Include: Suite number (if applicable), Street number, Street name, City, Province, and Postal Code</small>			
Potable water is provided (water that is safe to drink) <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details)			
The facility is part of the Municipal water system <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. well, private)			
The facility is part of the Municipal sewerage system <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details e.g. septic system)			
Premise information: <input type="checkbox"/> Leased / Rented <input type="checkbox"/> Owned			
Will you be providing food? <input type="checkbox"/> Yes <input type="checkbox"/> No, all food will be provided by the families.			
Will you be providing food prepared by a permitted kitchen or catering company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, please provide the name and address:			
<b>Licensee Information</b>			
Licensee Name	Phone Number	Email	
Licensee Address <small>Include: Suite number (if applicable), Street number, Street name, City, Province, and Postal Code</small>			
I have previously applied to be a Licensee of a Community Care Facility <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am at least 19 years old <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of community care facilities that I have previously applied for or operated:			
Licensee Business Type <input type="checkbox"/> Sole Proprietorship (one owner) <input type="checkbox"/> Board of Education <input type="checkbox"/> Partnership (two or more individuals or companies) <input type="checkbox"/> Indigenous Governing Body <input type="checkbox"/> Not-for-profit Society <input type="checkbox"/> Local Government			
<b>Contact Information for Corporations, Not-for-profit Societies or Boards</b>			
<small>The purpose of this section is for Corporations, Societies or Boards to specify the name and contact information for a Director, Board Member, or someone with signing authority, living in BC or a prescribed province, who would respond to inquiries from Licensing. This should be the same person who signs the Declaration and Authorization below.</small>			
Name	Phone Number	Email	
Role in the organization <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with signing authority			
Province or Territory where this person resides: <input type="checkbox"/> BC <input type="checkbox"/> Other prescribed province (please specify):			
This person agrees to be available to respond to inquiries within 24 hours, and to provide financial/other records for the Community Care Facility upon request. <input type="checkbox"/> Yes <input type="checkbox"/> No			

# Manager Information

A manager is the person responsible for the day-to-day operation of the facility. They are required to be of good character, have the personality, ability and temperament necessary to manage or work with children, and have the training and experience and demonstrates the skills necessary to carry out the duties assigned to them.

- If they are currently the manager of another facility the Licensee will need to apply for an exemption to allow the manager to manage more than one facility. The Licensing Officer will provide the information to complete.
- The Licensee can also be the manager. The Licensing Officer will provide the information to complete if this is the case.
- The manager is not required to work in ratio. If they do, they will need to have the appropriate qualifications for the type of program.



Manager Information			
Manager Name <input type="text"/>			
Phone Number <input type="text"/>	Email <input type="text"/>	Is the Manager at least 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Manager previously applied to be a Manager of a Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>			
Is the proposed Manager currently the Manager of any other Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>			
Mailing address and email address for correspondence			
Mailing Address (please check only one) <input type="checkbox"/> Same as facility address <input type="checkbox"/> same as Licensee address Other: <input type="text"/>			
Email Address (please check only one) <input type="checkbox"/> Same as facility email <input type="checkbox"/> same as Licensee email Other: <input type="text"/>			
Proposed Types of Care			
Types of Care (Please check all which are applicable)		Room Name/Number	Proposed Capacity
<input type="checkbox"/>	Group Child Care, Under 36 Months	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Group Child Care, 30 Months to School Age	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Group Child Care, School Age	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	School Age Care on school grounds	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	School Age Care on school grounds (operated by the Board of Education)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Recreational Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Preschool	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Multi-Age Child Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Occasional Child Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Child-Minding	<input type="text"/>	<input type="text"/>
VCH posts information about licensed facilities on its website <a href="http://www.inspections.vcha.ca/">http://www.inspections.vcha.ca/</a>			
Declaration and Authorization			
I am the licensee/authorized by the Licensee to submit this application for Licence and agree to abide by the regulations made under the authority of the Community Care and Assisted Living Act. I certify that the information I have provided is correct to the best of my knowledge.			
Date (dd/mm/yyyy) <input type="text"/>	Licensee or Designated Director Name <input type="text"/>	Licensee or Designated Director Signature <input type="text"/>	
	Title in the Organization <input type="text"/>		

Community Care and Assisted Living Act [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03075\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03075_01)  
Child Care Licensing Regulation [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332\\_2007](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007) June 3, 2025

# Mailing Address

The mailing address and email address will be added to the facility file and used by Licensing for any correspondence during the application process and once the facility is licensed.

This correspondence will include:

- Licensing updates and bulletins.
- Inspection Reports.
- Complaint notifications.



Manager Information		
Manager Name <input type="text"/>		
Phone Number <input type="text"/>	Email <input type="text"/>	Is the Manager at least 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Manager previously applied to be a Manager of a Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>		
Is the proposed Manager currently the Manager of any other Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>		
<b>Mailing address and email address for correspondence</b>		
Mailing Address (please check only one) <input type="checkbox"/> Same as facility address <input type="checkbox"/> same as Licensee address Other: <input type="text"/>		
Email Address (please check only one) <input type="checkbox"/> Same as facility email <input type="checkbox"/> same as Licensee email Other: <input type="text"/>		
<b>Proposed Types of Care</b>		
Types of Care (Please check all which are applicable)		Room Name/Number
<input type="checkbox"/> Group Child Care, Under 36 Months		Proposed Capacity
<input type="checkbox"/> Group Child Care, 30 Months to School Age		
<input type="checkbox"/> Group Child Care, School Age		
<input type="checkbox"/> School Age Care on school grounds		
<input type="checkbox"/> School Age Care on school grounds (operated by the Board of Education)		
<input type="checkbox"/> Recreational Care		
<input type="checkbox"/> Preschool		
<input type="checkbox"/> Multi-Age Child Care		
<input type="checkbox"/> Occasional Child Care		
<input type="checkbox"/> Child-Minding		
VCH posts information about licensed facilities on its website <a href="http://www.inspections.vcha.ca/">http://www.inspections.vcha.ca/</a>		
<b>Declaration and Authorization</b>		
I am the licensee/authorized by the Licensee to submit this application for Licence and agree to abide by the regulations made under the authority of the Community Care and Assisted Living Act. I certify that the information I have provided is correct to the best of my knowledge.		
Date (dd/mm/yyyy) <input type="text"/>	Licensee or Designated Director Name <input type="text"/>	Licensee or Designated Director Signature <input type="text"/>
	Title in the Organization <input type="text"/>	
Community Care and Assisted Living Act <a href="https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075_01">https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075_01</a> Child Care Licensing Regulation <a href="https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007">https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007</a>		

# Proposed Types of Care

This section tells Licensing which programs you are applying to operate. It is an important part of the application process as it allows Licensing to review all of the documents you submit using an accurate lens.

**Room Name/Number.** You only need to fill this out if the activity room you will be using has a specific name (e.g., Bluebird Room) or a specific number (e.g., Room #3). Typically, this is only relevant for larger facilities with multiple rooms. If you have more than one room in each type of care you can capture this information like this...

<input checked="" type="checkbox"/>	Group Child Care, 30 Months to School Age	3,4,5	16,16,8
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**Proposed Capacity.** This Provides Licensing with information about how many children you would like to offer care to. It is important that you consider maximum group size, as well as any municipal restrictions.



Manager Information		
Manager Name <input type="text"/>		
Phone Number <input type="text"/>	Email <input type="text"/>	Is the Manager at least 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Manager previously applied to be a Manager of a Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>		
Is the proposed Manager currently the Manager of any other Community Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name of facility) <input type="text"/>		
Mailing address and email address for correspondence		
Mailing Address (please check only one) <input type="checkbox"/> Same as facility address <input type="checkbox"/> same as Licensee address Other: <input type="text"/>		
Email Address (please check only one) <input type="checkbox"/> Same as facility email <input type="checkbox"/> same as Licensee email Other: <input type="text"/>		
Proposed Types of Care		
Types of Care (Please check all which are applicable)	Room Name/Number	Proposed Capacity
<input type="checkbox"/> Group Child Care, Under 36 Months	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Group Child Care, 30 Months to School Age	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Group Child Care, School Age	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> School Age Care on school grounds	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> School Age Care on school grounds (operated by the Board of Education)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Recreational Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Preschool	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Multi-Age Child Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Occasional Child Care	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Child-Minding	<input type="text"/>	<input type="text"/>
VCH posts information about licensed facilities on its website <a href="http://www.inspections.vcha.ca/">http://www.inspections.vcha.ca/</a>		
Declaration and Authorization		
I am the licensee/authorized by the Licensee to submit this application for Licence and agree to abide by the regulations made under the authority of the Community Care and Assisted Living Act. I certify that the information I have provided is correct to the best of my knowledge.		
Date (dd/mm/yyyy) <input type="text"/>	Licensee or Designated Director Name <input type="text"/>	Licensee or Designated Director Signature <input type="text"/>
	Title in the Organization <input type="text"/>	
Community Care and Assisted Living Act <a href="https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075_01">https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/02075_01</a> Child Care Licensing Regulation <a href="https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007">https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007</a>		
June 3, 2025		

# Declaration and Authorization

This section is to be completed by the Licensee or designated contact (in the case of a Corporation, Not-for Profit Society, or Board).



B   Manager Information			
Manager Name			
Phone Number		Email	
Is the Manager at least 19 years old?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the proposed Manager currently the Manager of any other Community Care Facility?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered 'yes', please provide the name of the other Community Care Facility			
An exemption request to manage more than one facility will need to be approved by Licensing prior to the proposed manager's start date.			
Mailing address and email address for correspondence			
Mailing Address (please check only one)			
<input type="checkbox"/> Same as facility address	<input type="checkbox"/> same as Licensee address	Other:	
Email Address (please check only one)			
<input type="checkbox"/> Same as facility email	<input type="checkbox"/> same as Licensee email	Other:	
Proposed Types of Care			
Types of Care (Please check all which are applicable)		Proposed Capacity (number of children)	Room Name/Number if applicable
<input type="checkbox"/>	Group Child Care, Under 36 Months		
<input type="checkbox"/>	Group Child Care, 30 Months to School Age		
<input type="checkbox"/>	Group Child Care, School Age		
<input type="checkbox"/>	School Age Care on school grounds		
<input type="checkbox"/>	School Age Care on school grounds (operated by the Board of Education)		
<input type="checkbox"/>	Recreational Care		
<input type="checkbox"/>	Preschool		
<input type="checkbox"/>	Multi-Age Child Care		
<input type="checkbox"/>	Occasional Child Care		
<input type="checkbox"/>	Child-Minding		
Declaration and Authorization			
<input type="checkbox"/>	I am the Licensee and agree to abide by the regulations made under the authority of the <i>Community Care and Assisted Living Act</i> . I certify that the information I have provided is correct to the best of my knowledge.		
<input type="checkbox"/>	I am authorized by the Licensee to submit this application for Licence and agree to abide by the regulations made under the authority of the <i>Community Care and Assisted Living Act</i> . I certify that the information I have provided is correct to the best of my knowledge.		
Date (dd/mm/yyyy)	Name	Signature	

Community Care and Assisted Living Act: [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332\\_2007](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007)  
Child Care Licensing Regulation [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332\\_2007](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007)



# Checking the form before submitting to Licensing

- If your application is successful, the information you include on the 'Application For Licence' will be used to create your licence.
- Completing the information accurately helps reduce delays in processing your application. Save the blank form to your computer. As a reminder, complete all sections of the form on the computer (not handwritten) to reduce errors.
- Check it carefully before sending to Licensing, looking for things like...
  - Is the spelling of the facility name exactly how you want it to appear on the licence?
  - Does it match the spelling of the name on your *Certificate of Incorporation* or business license?  
*For example: Should it say **centre** or **center**?*
  - Did you include capital letters where you want them?  
*For example: Should it say **Happy Kidz**, **HAPPY KIDZ**, or **happy kidz**?*

# Applications on existing facilities

Applicants often ask if they can purchase an existing child care facility.

A community care facility licence is issued for a specific licensee (owner) and premises (address) and is not transferrable. If the licensee or address changes, including a licensee selling the shares in their company, a new application for licence is required. Intake application documents must be submitted to [REACHccfl@vch.ca](mailto:REACHccfl@vch.ca) and the application will go through the full licensing process.

## ***Community Care and Assisted Living Act***

***11 (5) A licence issued under subsection (1) is cancelled if its holder assigns or otherwise transfers it to another person.***

It is important to be aware that just because a facility has a current licence an application on an existing facility does not mean the application will move faster, or that it will automatically receive a licence in the future.



## Intake application documents

Hopefully, we were able to clarify how to fill in the Application for Licence. Now let's look at the Detailed Description of the Care Program...

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

## Detailed Description of the Care Program

As part of the application process, an applicant must provide a detailed description of the care program\*. Suggestions for information to include (but are not limited to):

- Licensee information
- Services proposed e.g., the type of care
- Days and hours of operation
- Number of staff
- Capacity
- Any important security or access information
- Program overview/philosophy

\*If you are applying for a Recreational Care program the description does not have to be detailed.

Please send as an attachment to the email. Do not embed in the body of the email.

Some of the information for the Description of the Care Program may be similar to what is included in your parent handbook.

## Intake application documents

Now let's look at the Site Plan...

- Application for Licence
- Detailed Description of the Care Program
- **Site Plan**
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

# Site Plans

Schedule B (6) of the *Child Care Licensing Regulation* provides information on site plan **requirements** to be submitted to Licensing as part of your application.

[https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332\\_2007#ScheduleB:~:text=the%20property%20boundaries,-,6%20%C2%A0,in%20the%20immediate%20vicinity%20of%2C%20the%20outdoor%20play%20areas%20and%20activities.,-7%20%C2%A0](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007#ScheduleB:~:text=the%20property%20boundaries,-,6%20%C2%A0,in%20the%20immediate%20vicinity%20of%2C%20the%20outdoor%20play%20areas%20and%20activities.,-7%20%C2%A0)

Your Site Plan:

- Must be drawn to scale.
- Must show the proposed location and property boundaries.
- Must include the location and dimensions of the outdoor play area.

Let's look at an example...



Please send as an attachment. Do not embed in the body of the email.

Please ensure that your Site Plan includes all the requirements from Schedule B (6).

## An example of a Site Plan:

This Site Plan includes:

- ✓ The location of the facility including the property boundaries (e.g. the streets around it).
- ✓ The location of the outdoor play area.
- ✓ The dimensions of the outdoor play area

Notes:

- Dimensions are different to square footage and allow Licensing to assess the potential suitability of the outdoor play area.
- The *Child Care Licensing Regulation* uses metres as the unit of measurement.

Back Lane





## Using an outdoor play area located outside the property boundaries



Licensing is often asked what happens if the proposed premises do not have **enough** outdoor play space, or in some case, do not have **any** outdoor play space.

## If you do not have enough onsite outdoor play space

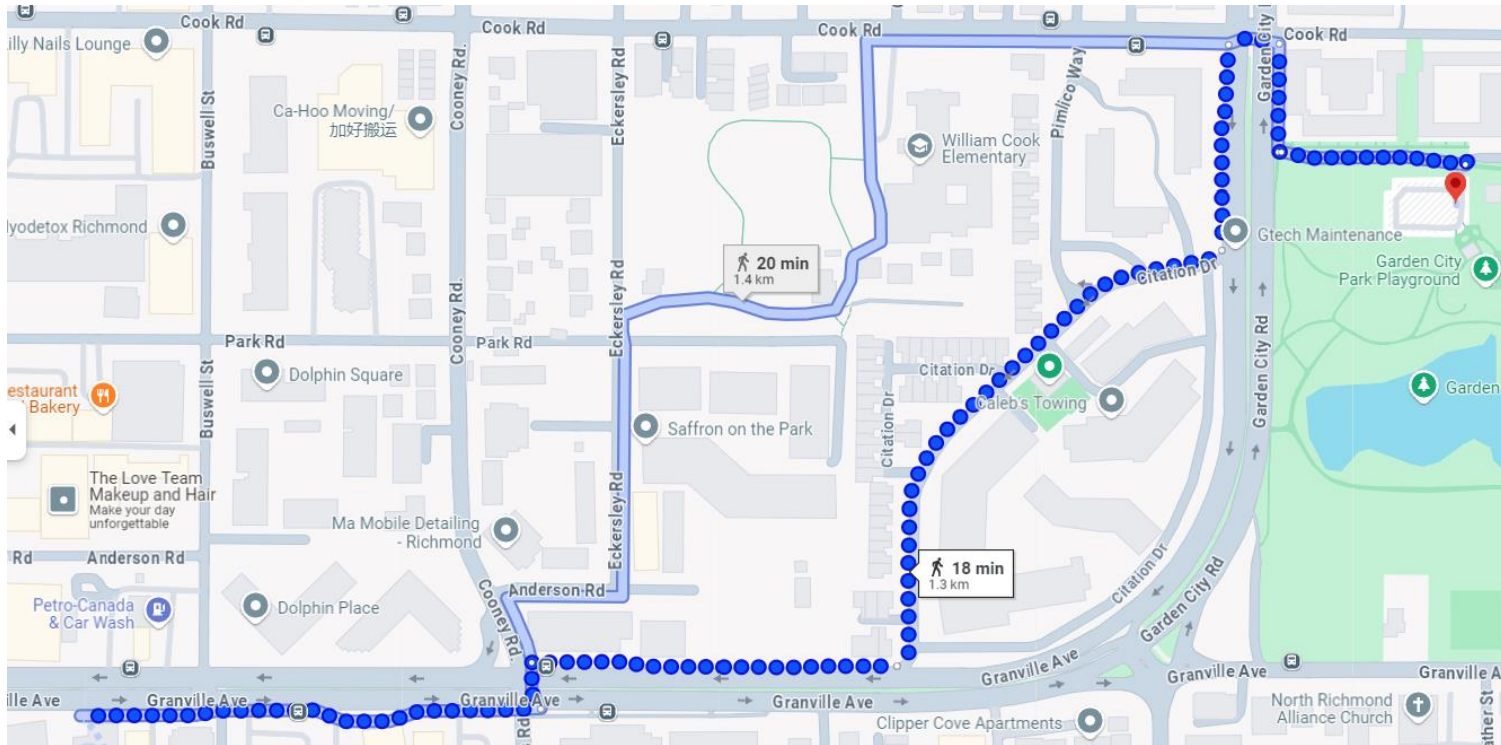
If you do not have **enough** onsite outdoor play space and are hoping to augment with using a local park or playground, you will need to submit a proposal to Licensing to show your plan to mitigate any health and safety risk to the children.

REACH can provide a resource to help you develop your proposal. You will need to include:

- The distances from the community care facility to the outdoor play areas and activities.
- The routes to the outdoor play areas and activities.
- Any major physical features along the routes to the outdoor play area that may affect the safety of children (including roads and bodies of water).
- Any major physical features in the immediate vicinity of the outdoor play area that may affect the safety of children (including roads and bodies of water).



## Can I just submit a picture like this from Google Maps?



Licensing will ask for more information to help assess the suitability of the proposed play area. Please let REACH know that you are hoping to use a local park or other outdoor play area, and the intake team will provide a resource to help you develop your proposal.

Please send as an attachment. Do not embed in the body of the email.

## If you do not have any onsite outdoor play space

If you do not have **any** onsite outdoor play space, you are strongly encouraged to contact the municipality prior to submitting your application.

## Intake application documents

Now let's look at the Floor Plan...

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- **Floor Plan**
- Information regarding the premises
- Corporation Documents (when applicable)

# Floor Plans

Schedule B (9) of the *Child Care Licensing Regulation* provides information on floor plan **requirements** to be submitted to Licensing as part of your application.

Floor plans must show the following:

- The inside dimensions of each room and the width of each corridor and stair.
- The location and size of windows and the height of windowsills from the floor.
- The location of accommodation reserved for family or employees, and for children who are sleeping.
- The location of toilets, wash basins and diaper changing surfaces.
- The location and size of the fixed equipment in each room.
- The location of all exits.

Let's look at an example...



Please ensure that your Floor Plans include all the requirements from Schedule B (9).

Please send as an attachment. Do not embed in the body of the email.

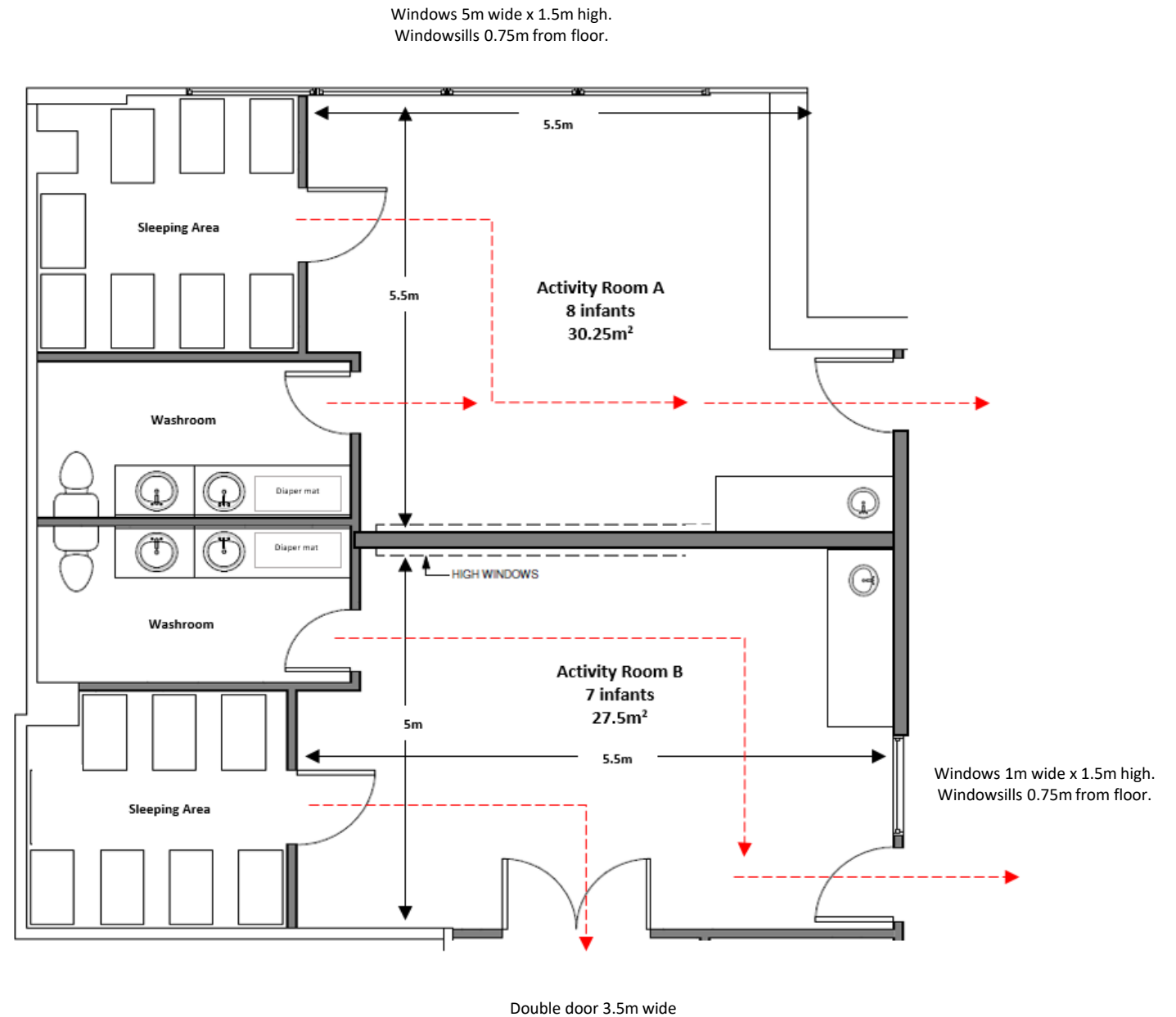
# An example of a Floor Plan

This floor plan includes:

- ✓ The inside dimensions of each room.
- ✓ The location and size of windows and the height of windowsills from the floor.
- ✓ The location of accommodation reserved for family or employees, and for children who are sleeping.
- ✓ The location of toilets, wash basins and diaper changing surfaces.
- ✓ The location and size of the fixed equipment in each room.
- ✓ The location of all exits.

Notes:

- Dimensions are different to square footage and allow Licensing to assess the potential suitability of the space.
- The *Child Care Licensing Regulation* uses metres as the unit of measurement.





# Floor Plans for a residence



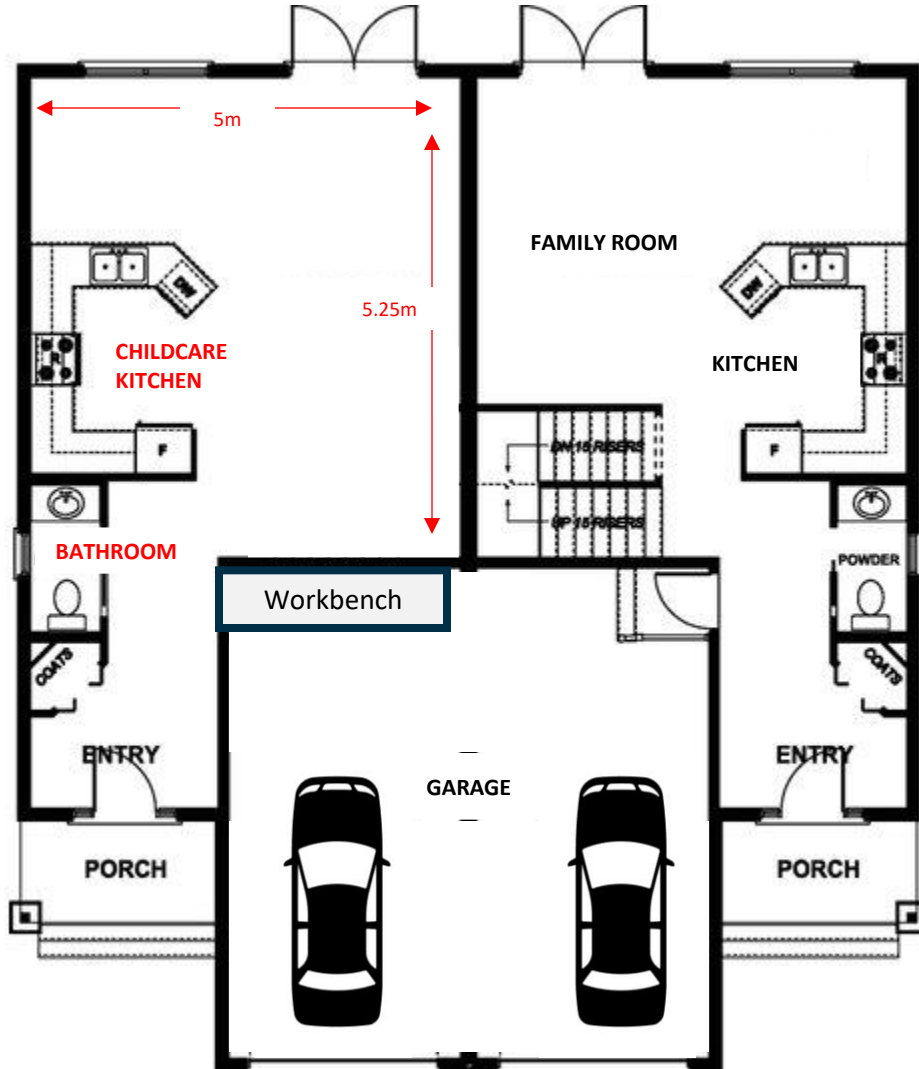
Depending on your municipality restrictions, it may be possible to operate a child care facility in a residence. Please check with them regarding zoning, capacities, requirements to live on the premises etc.

You will need to submit plans for all areas of the home to Licensing, including areas not accessible to the children.

Please note that floor plans should clearly show the separate entrances, kitchens, and bathrooms to be used by the children and by the residents of the home.

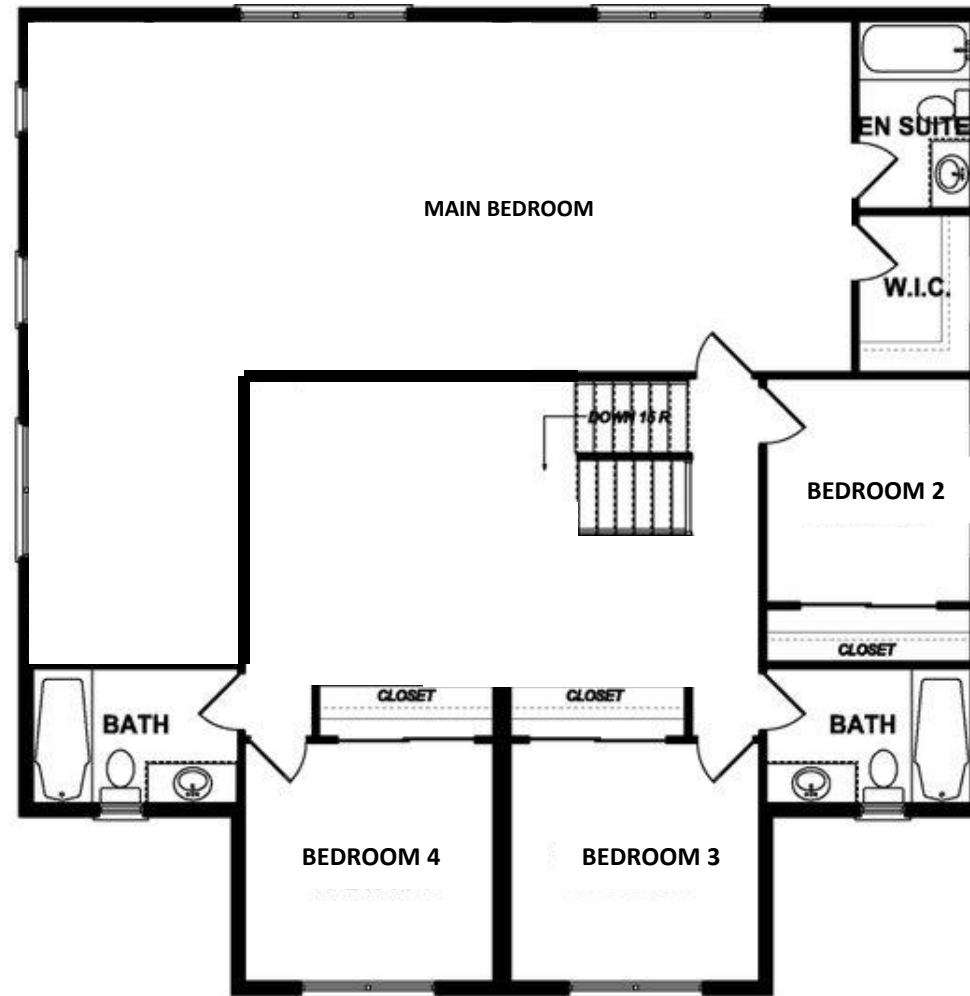
# Example Floor Plans for a residence

Main floor – child care area



Main floor – family area

Upper floor – family area only



Please ensure that your Floor Plans include all requirements from Schedule B (9).

Please send as an attachment. Do not embed in the body of the email.



## What if I don't have completely separate spaces?

It may be possible to offer Group Child Care in a residence where the child care area and the family living area are not completely separate spaces. The Licensing Officer will ask for a supervision plan to ensure family members do not have access to the child care spaces during the hours the program operates.

Please let REACH know at the start of the application process.

## Intake application documents

Now let's look at the Information regarding the premises...

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

## Information regarding the premises

Section 9.1 (3) of the *Child Care Licensing Regulation* requires licensees to provide something in writing to show that you are permitted to operate a child care facility on the premises.



Licensing does not need a copy of your Tenancy Agreement or Lease Agreement unless it contains specific information relating to operating child care at that address. A letter from the owner or landlord is acceptable.

Please ensure this is specific to operating a child care facility at that address.

Please send as an attachment. Do not embed in the body of the email.

## Intake application documents

Lastly, let's look at Corporation Documents...

- Application for Licence
- Detailed Description of the Care Program
- Site Plan
- Floor Plan
- Information regarding the premises
- Corporation Documents (when applicable)

# Corporation Documents

BRITISH COLUMBIA

Number: [REDACTED]

**CERTIFICATE  
OF  
INCORPORATION**

*BUSINESS CORPORATIONS ACT*

I Hereby Certify that [REDACTED] was incorporated under the Business Corporations Act on [REDACTED] 2019 at 01:51 PM Pacific Time.

Issued under my hand at Victoria, British Columbia  
On May 16, 2019

**CAROL PREST**  
Registrar of Companies  
Province of British Columbia  
Canada

**ELECTRONIC CERTIFICATE**

If you are applying on behalf of a corporation, you will be asked to submit the following as part of your intake application documents:

- ✓ A copy of your *Certificate of Incorporation*
- ✓ A copy of your *Notice of Articles*

Please send as an attachment. Do not embed in the body of the email.

BRITISH COLUMBIA BC Registry Services

Mailing Address: P.O. Box 9431, Stn. Prov. Govt, Victoria BC V8W 9V3  
www.corporateonline.gov.bc.ca

Location: 2nd Floor - 940 Blanshard Street, Victoria BC  
1 877 526-1526

**CERTIFIED COPY**  
Of a Document filed with the Province of British Columbia Registrar of Companies

**Notice of Articles**  
*BUSINESS CORPORATIONS ACT*

[REDACTED]  
CAROL PREST

This Notice of Articles was issued by the Registrar on: [REDACTED] 2019 01:51 PM Pacific Time

Incorporation Number: [REDACTED]

Recognition Date and Time: Incorporated on [REDACTED] 2019 01:51 PM Pacific Time

**NOTICE OF ARTICLES**

Name of Company:  
[REDACTED]

**REGISTERED OFFICE INFORMATION**

Mailing Address: [REDACTED] Delivery Address: [REDACTED]

**RECORDS OFFICE INFORMATION**

Mailing Address: [REDACTED] Delivery Address: [REDACTED]

## Can I just send an address to REACH?

REACH sometimes receives emails saying *“I’m looking into opening a licensed daycare at xxx. Could you please let me know if this location is suitable?”*

To assess the application using an accurate lens, we need to receive the intake application documents we have just looked at.

- A completed *Application for Licence* form
- A detailed description of the care program to be offered
- Site Plans
- Floor Plans
- Information regarding the premises
- Corporation documents if applicable (Certificate of Incorporation, Notice of Articles)

# What to do next...



# What to do next...

Please review the following session for support with the next steps in the application process.

Session 4: Next Steps.



## Still have questions?

You are welcome to email  
our REACH Intake Team at  
[REACHccfl@vch.ca](mailto:REACHccfl@vch.ca)