



## APPLICATION FOR LICENCE COMMUNITY CARE FACILITIES: 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.

A   Application Information			
New application:	Amend an existing licence: <i>select amendment type below</i>		
Applicant Name	Licence Number:		
Email	Change of facility name		
Phone	Current name:		
List names of previously applied for and/or operated community care facilities:	New facility name:		
	Change of care program/type		
	Change in capacity		
	Change of room at current location		
	Change of Manager. New Manager Start Date:		
	Current DP # (Vancouver only)	Current BP # (Vancouver only)	
B   Facility Information			
Facility Name		Facility Phone Number	
Facility Physical Address		Facility Fax Number	
City	Province	Postal Code	Email Address Correspondence to go to
Facility Mailing Address <i>Same as Physical Address or</i>			
Potable water is provided			
Municipal water		Other (eg well, private: <i>please specify</i> )	
Municipal sewerage		Other (eg septic: <i>please specify</i> )	
Premise information:      Leased / Rented                      Owned			
Will you be providing food service ( <i>ie a permitted kitchen/delivery from catering company</i> )			Yes      No
Manager Information			
Manager Name		Phone Number	Email
Has the Manager previously applied to be a Manager of a Community Care Facility? No      Yes ( <i>please provide details</i> )		Is the Manager at least 19 years old? Yes      No	
Is the proposed Manager currently the Manager of any other Community Care Facility?      No      Yes ( <i>please provide details below</i> )			
Licensee Information			
Licensee Name		Phone Number	Email
Has the Licensee previously applied to be a Licensee of a Community Care Facility? No      Yes ( <i>please provide details</i> )		Is the Licensee at least 19 years old? Yes      No	

## Licensee Information continued

Licensee Contact Name		Phone Number		Email	
Licensee Mailing Address		City	Province	Postal Code	
Business Type:	Corporation	Partnership	Sole Proprietorship		
Not-for-profit (eg non-profit Society, Public institution, First Nations government/band/tribal council)					
Corporation has a Director who is a permanent resident of British Columbia, or prescribed Province				Yes	No
Province or Territory where Director resides:					
Will the Director agree to be available to respond to inquiries within 24 hours, and provide financial/other records for the Community Care Facility upon request?				Yes	No

## Proposed Types of Care

Types of Care (Please check only those which are applicable)	Proposed Capacity	Office Use Only	
		Approved Capacity	LO Initials
<b>Family Child Care.</b> The licensee is a responsible adult, and personally provides care, within the licensee's personal residence, to no more than 7 children			
<b>In-Home Multi-Age Child Care.</b> The licensee personally provides care, within the licensee's personal residence, to no more than 8 children of various ages			
<b>Group Child Care, Under 36 Months.</b> A program that provides care to children who are younger than 36 months old			
<b>Group Child Care, 30 Months to School Age.</b> A program that provides care to preschool children			
<b>Group Child Care, School Age.</b> A program that provides, before or after school hours or on a day of school closure, care to children who attend school, including kindergarten.			
<b>School Age Care on school grounds.</b> A program that provides at a school, before or after school hours or on a day of school closure, care to children who attend school, including kindergarten. Licensee is the Board of Education.			
<b>School Age Care on school grounds.</b> A program that provides at a school, before or after school hours or on a day of school closure, care to children who attend school, including kindergarten.			
<b>Recreational Care.</b> A program that provides, after school hours or on a day of school closure, care on a drop-in basis to children who attend school, including kindergarten. Licensee is a local government, or a not-for-profit organization.			
<b>Preschool,</b> being a program that provides care to preschool children who are at least 30 months old on entrance to the program, and 36 months old by December 31 of the year of entrance			
<b>Multi-Age Child Care,</b> being a program that provides, within each group, care to children of various ages			
<b>Occasional Child Care,</b> being a program that provides, on an occasional or short-term basis, care to preschool children who are at least 18 months old			
<b>Child-Minding,</b> being a program that provides services to immigrants in respect of English as a Second Language, settlement or labour market integration			

VCH posts information about Licensed Facilities on its website <http://www.inspections.vcha.ca/>

I am the licensee/authorized by the Licensee, to submit this application for Licence. I hereby apply for a Community Care Facility Licence and agree to abide by the regulations made under the authority of the *Community Care and Assisted Living Act*, and certify that the information I have provided is correct to the best of my knowledge. The personal information collected relates directly to, and is necessary for, program operation as per section 26 of the *Freedom of Information and Protection of Privacy Act*.

Date (dd/mm/yyyy)	Applicant/Licensee or Licensee Contact Name	Applicant/Licensee or Licensee Contact Signature
	Title in the Organization	

## Instructions for Completing Application for Licence: Child Care

Please note that this is a legal form and if completing by hand it must be filled out legibly, and in pen. Application forms filled out in pencil, marker or crayon will not be accepted.

### A | Application Information:

- Indicate if this is a 'New Application' or an 'Amendment'.
- If it is a **new application** please complete all of the boxes on the top left-hand side including:
  - Check the box for New Application
  - Applicant Name
  - Email
  - Phone
  - List names of previously applied for and/or operated community care facilities
- If this is an amendment please complete all of the boxes on the top right-hand side including:
  - Check the box for "Amend an existing licence"
  - Licence Number
- Select the reason for the amendment to indicate if this is:
  - Change of facility name
  - Change of care program/type
  - Change in capacity
  - Change of room at current location
  - Change of Manager
  - Current DP # (Vancouver only)
  - Current BP # (Vancouver only)

### B | Facility Information

All of the information in this section must be completed.

- **Facility Name** is the name that will appear on the licence.
- **Facility Phone Number.** The legislation requires that each facility has reliable communications equipment available to the staff, and the recommendation is that this is a dedicated phone located at the facility. A dedicated phone number also enables Licensing and other agencies to contact the facility directly if needed.
- **Facility Physical Address** is the exact street address of the facility. Please complete all information including postal code.
- **Email Address Correspondence to go to** is the email to be used by Licensing for any communication.
- **Facility Mailing Address** can be different from the physical street address listed above.
- **Water system** – please provide details about the water system for the proposed facility, including confirmation that potable water is available to the children.
- **Premise information** – Section 9.1 (3) of the *Child Care Licensing Regulation* states
  - (3) A person is not qualified to apply for a licence respecting a particular premises unless the person
    - (a) owns the premises,
    - (b) leases the premises and is not prohibited under the terms of the lease from operating a community care facility on the premises, or
    - (c) is authorized in writing by the owner of the premises to operate a community care facility on the premises.

## B | Facility Information continued

- For Child Care facilities with a proposed capacity of 8+ children, please indicate if you will be providing a food service. This allows Licensing to connect you with an Environmental Health Officer who can support you through the food service part of the application process.

## C | Manager Information

### Manager Information:

- **Manager Name** must be the manager's legal name and be written as it will appear on the licence.
- Please indicate if the proposed Manager has previously applied to be the Manager of a licensed facility
- Please indicate if the proposed Manager is currently the Manager for any other licensed facility

## D | Licensee Information

### Licensee Information:

- **Licensee Name** is the legal name of the organization or individual that will be operating the facility.
- Please indicate if the Licensee has previously applied to be the Licensee of a licensed facility
- **Licensee Contact** is the person who the Licensee is authorizing to communicate with Licensing during the application process. The applicant can provide permission for Licensing to share information and communications with other relevant parties such as a project consultant or architect. This permission would need to be in writing, and can be sent to the Licensing Officer by email.
- **Licensee Mailing Address** is the address of the organization or individual that will be operating the facility.
- **Business Type:**
  - **Corporation\*** - Registered as an incorporated business. Choose this for a facility operated by local government, public institution, aboriginal governing body, or health authority. As per the *Child Care Licensing Regulation, Schedule B (11)*, if the business type is a Society you may be asked to provide a copy of the constitution and bylaws.
  - **Partnership** - Two or more individuals or companies
  - **Sole Proprietorship** - One individual.
  - **Not for Profit** – for example a non-profit Society, a Public Institution such as a school district, or a First Nations government/band/tribal council.
  - **Limited Liability Partnership:** Please note that under Section 9.1 (1) of the *Child Care Licensing Regulation* the licensee cannot be a Limited Liability Partnership.
- **Director information.** According to the *Community Care and Assisted Living Act 11 (2) (b) (i)* any corporation must have a director who is a permanent resident of a province in Canada. In order to provide proof of this you will be asked to submit a list of directors as part of your application.

## E | Proposed Types of Care

- Check the applicable type of care that you plan to operate, and include your proposed capacity. Please note that licensed capacity is not determined until the final inspection.

## Final Section

- **Date** is the date that the Licensee representative signs the form, however the Licensing Officer assigned to your application will confirm the date that they received the application.
- **Applicant/Licensee or Licensee Contact** – please print or type the name here
- **Title in the Organization** is the role that the Applicant/Licensee or Licensee Contact holds
- **Signature** can be added electronically or the form can be printed and signed by hand