



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 Division of Licensing and Certification  
 Children's Licensing and Investigation Services

**Child Care Application**

SECTION 1: Provider/Facility Information			
<b>1. Provider/Owner Name:</b>	Date of Birth:		
Former Names (i.e. maiden name, aliases):	Driver's License #:		
<b>2. Director Name</b> (Facility/Nursery School only):	Date of Birth:		
Former Names (i.e. maiden name, aliases):	Driver's License #:		
<b>3. Facility Name:</b>			
<b>4. Physical Address of Child Care Program:</b>			
Street Address:			
City:	State:	Zip:	County:
<b>5. Mailing Address of Child Care Program:</b>			
Street Address or Post Office Box:			
City:	State:	Zip:	
6. Telephone No.: (     )     -		Fax No.: (     )     -	
Email Address:			

SECTION 2: Services
What is the largest number of children to be in your care at any time: <input type="checkbox"/> Family Child Care: <input type="checkbox"/> 3-6 <input type="checkbox"/> 7-12  <input type="checkbox"/> Child Care Facility / Nursery School / Occasional Care Program: <input type="checkbox"/> 3-12 (Small Facility) <input type="checkbox"/> 13-20 <input type="checkbox"/> 21-49 <input type="checkbox"/> 50 <input type="checkbox"/> more than 50 (indicate requested capacity):
What age ranges of children do you intend to serve? Check all that apply: <input type="checkbox"/> 6 weeks – 2 years <input type="checkbox"/> 2 – 5 years of age <input type="checkbox"/> 5-12 years of age
<b>Source of Water Supply:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Well - Private Water Source <input type="checkbox"/> Other: <small style="margin-left: 100px;">Reminder: Submit the results with your application</small>
<b>Building Information:</b> Year the structure was built?

Section 3: Fees					
Program Type:					
<input type="checkbox"/> Family Child Care		<input type="checkbox"/> Child Care Facility		<input type="checkbox"/> Nursery School	
Fee Calculation Section					
Application Type:	Program Type:	Family Child Care	Child Care Facility	Nursery School	Total
<input type="checkbox"/> New application		\$160	\$120	\$10	\$
<input type="checkbox"/> Renewal <b>License #:</b>		\$160	\$240	\$10	\$
<input type="checkbox"/> Change in Capacity		\$10			\$
<input type="checkbox"/> Change in Director (Facility/Nursery Only)		\$10			\$
<b>Total check/money order enclosed:</b>					\$

**Make check or money order payable to "Treasurer, State of Maine".  
Do not send cash. Credit card payments are not accepted. Application fees are non-refundable.**

**SECTION 4: Background**

Are you now, or have you ever been, licensed, registered, or certified to provide services for children or adults??

- No
- If "yes", please indicate the type of care, approximate dates of service, and name(s) under which you are or were licensed, registered, or certified to provide services for children or adults:

Have you had any prior license or certificate sanctions issued to you, such as a conditional license/certificate, license/certificate suspension, denial of an application for a license/certificate, fine, or revocation regarding a child or adult care license, certificate, or approval issued to you?

- No
- Yes, please explain:

Have you, or has anyone employed by you, (or, for family child care providers has anyone living in or frequenting your home) been:

- 1) Convicted of a crime, including OUI and vehicle offenses?  No   
Yes
- 2) Investigated by Child Protective Services or the Out of Home Investigations Unit?  No   
Yes
- 3) Named as a defendant in a Protection from Abuse Order?  No   
Yes
- 4) Named in a court order resulting in removal of children from care or custody?  No   
Yes

If you checked yes to any of the above, please explain:

**Failure to provide accurate and/or complete information may be grounds for denial and/or constitute a Class D crime.**

Have you ever been treated for drug and/or alcohol abuse?

- No
- Yes, please explain:

Have you ever received mental health services?

- No
- Yes, please explain:

Is there any other information that would be useful in assessing your ability to provide care for children?

- No
- Yes, please explain:

**SECTION 5: Submission Attachments**

**Please submit the following documents with your completed application.**

- A non-refundable check or money order made payable to "Treasurer, State of Maine"
- Authorization for Release of Information **(Must be signed by all adult household members and/or staff/volunteers for Family Child Care)**

**Applications for increase in capacity** must also include:

- Documentation of zoning/code approval from the municipality where the program is physically located.

**New applications (ONLY)** must also include the following documents:

- Three (3) references

- Floor plan
- Documentation of zoning/code approval from the site municipality
- Director's transcript and proof of training (Child Care Facility / Nursery School **ONLY**)
- Proof of Insurance (Child Care Facility / Nursery School **ONLY**)

**Incomplete applications will be returned.**

**SECTION 6: Legal Structure**

**Type of Operation:**

- Sole Proprietorship     
  Partnership     
  For-profit Corporation     
  Non-profit Corporation  
 Limited Liability Company     
  Association     
  Trust  
 Other (describe): \_\_\_\_\_

Legal Name and Charter Number:

**SECTION 6: Declaration**

I/We have received, read and understand the Rules governing the type of child care program for which I am/we are applying:

- Rules for the Licensing of Child Care Facilities (effective 8.27.08)
- Rules for the Licensing of Nursery Schools (effective 9.27.04)
- Family Child Care Provider Licensing Rule (effective 9.20.17)

I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to the operation of child care programs.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department of Health and Human Services to obtain any criminal, child protective, Out of Home Investigation, and motor vehicle records for owner/operator/director which may be on file in any Country, State or Federal Office.

I/we understand that failure to disclose any criminal convictions, including operating under the influence (OUI), may result in denial of this application.

I/We certify that all information contained in this application is complete and accurate, and understand any falsification of statement may be grounds for denial and may be Unsworn Falsification, a Class D crime under 17-A M.R.S. §453.

<b>Print name of Provider/Owner</b>	<b>Signature of Provider/Owner</b>	<b>Date</b>
<b>Print name of Director/Co-Applicant</b>	<b>Signature of Director/Co-Applicant</b>	<b>Date</b>

*For questions regarding this program and/or application, please contact the following:*

**Department of Health and Human Services**  
**Division of Licensing and Certification**  
**Children's Licensing and Investigation Services**  
**41 Anthony Avenue**  
**11 State House Station**  
**Augusta, ME 04333-0011**

Tel: (207) 287-5020

Fax: (207) 287-9304

Toll Free: 1-800-791-4080 TTY users call Maine relay 711

Email: [info.dhhs@maine.gov](mailto:info.dhhs@maine.gov)

Web: <https://www.maine.gov/dhhs/childcare>

**Authorization for the Release of Personal History Information  
Provider, Adult Members of Household, Employees, and Volunteers of Family Child Care Providers**

**THIS PAGE IS FOR FAMILY CHILD CARE PROVIDERS ONLY**

**Provider:**

By signing below, I authorize the release of confidential records or information regarding any **criminal record, child protection record, Out of Home Investigation record, and/or motor vehicle record** to the Department of Health and Human Services, Children's Licensing and Investigation Services. I understand that any information obtained as a result of this release of information will remain confidential, as required by law, and will be used solely for the purpose of determining whether a license to operate a child care should be granted or renewed. This consent may be revoked by me, in writing, at any time, excepting information that has already been obtained.

If any criminal record, child protection record, Out of Home Investigation record, or motor vehicle record indicates that a prior conviction or substantiated finding exists, the provider will need to provide evidence to Children's Licensing and Investigation Services that any prior history has been addressed and the individual will not compromise or threaten the safety of any children in care.

I understand that each adult member of my household, employee, and volunteer must complete the lower portion of this form, and that failure to do so is a violation of the child care licensing rules and may result in licensing action.

Provider Name: \_\_\_\_\_ Family Child Care Certificate Number: \_\_\_\_\_

Familiar Names (i.e. maiden name, aliases): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     )     -     Driver's License #:     Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Household Members, Staff, and Volunteers:**

By signing below, adult household members and staff/volunteers authorize the Department of Health and Human Services, Children's Licensing and Investigation Services to obtain and disclose confidential records or information regarding that person's criminal record, substantiated Child Protection Services record, substantiated and indicated Out of Home Investigation record, and/or motor vehicle record to the provider named above. Failure to disclose any criminal convictions, including operating under the influence (OUI), may result in licensing action.

Full Name: _____ Street Address: _____ City, State & Zip: _____ Telephone #: _____ Date of Birth: _____ Former/Maiden Name(s): _____ Driver's License #: _____  Signature: _____	Full Name: _____ Street Address: _____ City, State & Zip: _____ Telephone #: _____ Date of Birth: _____ Former/Maiden Name(s): _____ Driver's License #: _____  Signature: _____
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Full Name: _____ Street Address: _____ City, State & Zip: _____ Telephone #: _____ Date of Birth: _____ Former/Maiden Name(s): _____ Driver's License #: _____  Signature: _____	Full Name: _____ Street Address: _____ City, State & Zip: _____ Telephone #: _____ Date of Birth: _____ Former/Maiden Name(s): _____ Driver's License #: _____  Signature: _____
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**Adult Household Members, Staff, and Volunteers:**

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_

Full Name:  
Street Address:  
City, State & Zip:  
Telephone #:  
Date of Birth:  
Former/Maiden Name(s):  
Driver's License #:

Signature: \_\_\_\_\_