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| ` | | LICENSING DIVISION (LD)  **Application for Residential Private School (RPS) License** | |
|
| Application Type (Pick one):  New  Renewal  Modification  Move | | | |
| Name of School | | | |
| Federal Employer Identification Number (FEIN) | | | |
| Physical Address | | | |
| City  **, WA** | Zip Code | | County |
| Telephone Number | Fax Number | | E-Mail Address |
| Web Address (if applicable) | | | |
| Business Mailing Address (If Different Than Physical Address) | | | |
| City  **,** | Zip Code | | County |
| Telephone Number | Fax Number | | E-Mail Address |
| Preferred  Age Range  to  Capacity | | | |

Is this RPS accredited by a State Board of Education approved accreditor?

No  Yes

If yes, indicate the following:

|  |
| --- |
| **Name of Accreditor** |
|  |
|  |
|  |

Have you previously been licensed or certified?

No  Yes

If yes, indicate the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name on License** | **Type of License** | **City and State where licensed** | **Open** | **Closed** |
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*Copy and paste above this line as needed*

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| The Department of Children, Youth, and Families (DCYF) may not license, make referrals or payments, or include in its directories, agencies that discriminate against the provision of services to children in care because of race, ethnicity, religion, culture, sexual orientation, gender identity, and gender expression (SOGIE), or disability. DCYF will not license, make referrals or payments, or include in its directories, agencies that fail to comply with federal and state anti-discrimination laws related to personnel policies and procedures.  I further certify that I have received, read, understand, and agree to comply with the provisions of [Chapter 74.15](https://app.leg.wa.gov/RCW/default.aspx?cite=74.15) of the Revised Code of Washington (RCW), and with the provisions of [WAC 110-04](https://app.leg.wa.gov/WAC/default.aspx?cite=110-04) of the Washington Administrative Code (WAC) (Background Check Requirements). I also understand that corporal punishment of children in care is prohibited under the provisions of [WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=110-145) and agree to comply with this rule. I hereby further certify that the above information and required attachments are true and complete to the best of my knowledge and give permission for DCYF to contact references and past employers, and to obtain personnel records from previous employers.  I further understand that DCYF does a Federal Bureau of Investigation and Washington State Patrol criminal history and background inquiry check and a check of FamLink/DCYF Information System, which relates to suitability to have unsupervised and/or supervised access to children in out-of-home care regarding any person(s) applying for a group care license and the person(s) employees, if any. | | |
| **Signature** | | |
| Print Name | Title | |
| Signature | | Date |
| Attach to this application any of the documents listed below which pertain to your agency. WAC or RCW references are indicated for easy referral to requirements. Please date all written information and forms. It is not necessary to submit these documents for a reapplication unless there have been changes in content.   |  |  |  | | --- | --- | --- | |  | Articles of incorporation (if applicable) | [RCW 74.15.070](https://app.leg.wa.gov/RCW/default.aspx?cite=74.15.070) | |  | List of staff, including staff background checks (renewal applications only) |  | |  | Student and family orientation guide and/or policy |  | |  | Policies and procedures |  | |  | Documentation of compliance with local ordinance; documents that the site has been secured for use (building codes and zoning) |  | |  | In Service Training plan |  | |  | A floor plan of the facility drawn to scale (residential programs). A simple sketch is sufficient; blueprints are not required. Must include location of smoke detectors, carbon monoxide (CO) detectors, and fire extinguishers |  | |  | Discipline practices |  | | | |

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| **Agency Management** | | | | | | | |
| Head of School | | | | | | | |
| Name | | Title | | Birth Date | Date Employed | | Hours Per Week |
| Education | | | | | | | |
| Highest Grade Achieved  High School/College | | | Degree | | | Major/Minor/Area of Study | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| Experience for this Position | | | | | | | |
| Years | Type | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| Director of Residential Programming if different than above (Attach Resume) | | | | | | | |
| Name | | Title | | Birth Date | Date Employed | | Hours Per Week |
| Education | | | | | | | |
| Highest Grade Achieved  High School/College | | | Degree | | | Major/Minor/Area of Study | |
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| Experience for this Position | | | | | | | |
| Years | Type | | | | | | |
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