OKLAHOMA Human Services

Request for License
Child Care Program

Addendum only

Request for License Addendum

Each applicable individual completes this addendum at application **AND** any time there is a **new** owner, responsible entity who has authorization to obligate the business entity, director, primary caregiver, or adult living in the home or facility including a child who turns 18 years of age while living in the home or facility. **Complete one addendum per individual.**

Program name _____ License number _____

Check ALL roles that apply. Effective date is application date OR date change occurred.

- ☐ Owner or responsible entity who has authorization to obligate the business entity
  - **(complete sections A, B, C, and D)** Effective date _____
- ☐ Director
  - **(complete sections A, B, and D)** Effective date _____
- ☐ Primary caregiver
  - **(complete sections A, B, and D)** Effective date _____
- ☐ Adult living in the home or facility
  - **(complete sections C and D)** Effective date _____

Individual Information

First name _____ Middle name _____ Last name _____ Social Security # _____

All previous names, including aliases and maiden _____ Date of birth _____

Street address _____ City _____ State _____ ZIP code _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Email _____ Home phone _____ Cell phone _____

Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

Name | Phone number | Relationship

Mailing address or PO Box | City | State | ZIP code

Name | Phone number | Relationship

Mailing address or PO Box | City | State | ZIP code

Name | Phone number | Relationship

Mailing address or PO Box | City | State | ZIP code

Section A. Civil Rights Compliance

Programs must provide equal opportunity to those seeking employment or services, without regard to race, sex, color, national origin, disability, or age, except as laws allow for programs to be eligible to receive:

1. parent referrals from OKDHS and referral agencies receiving state and federal funds;
2. OKDHS subsidy payments for the care of a child; and
3. reimbursement for meals and snacks

Civil rights compliance includes all amendments to and requirements imposed by, or pursuant to:

- Title VI of the Civil Rights Act of 1964;
- Title IX of the Education Amendments of 1972;
- Section 504 of the Rehabilitation Act of 1973;
- the Age Discrimination Act of 1975; and
- the Americans with Disabilities Act of 1990.

☐ Will comply ☐ Will not comply

Section B. Previous Child Care License

Have you had a child care license, permit, or certificate in Oklahoma or another state? ☐ Yes ☐ No

When **YES,** list state(s): _____

Section C. Background Investigation

- Are you required to register under the Sex Offenders Registration Act or Mary Rippy violent Crime Offenders Registration Act? ☐ Yes ☐ No

- Do you have pending charges; or have you entered a plea of guilty, or nolo contendere (no contest), or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others, violence against an individual, sexual misconduct, child abuse or neglect, animal cruelty, or the possession, sale, or distribution of illegal drugs? ☐ Yes ☐ No
- Have you ever been involved in a child welfare investigation? ☐ Yes ☐ No

- Your registration on the Child Care Registricted Registry (Restricted Registry) may occur when:
  - o a background investigation, conducted upon completion of this form or throughout your association with a program, reveals a specified criminal history;
  - o your action against a child in care results in a confirmed or substantiated finding of abuse or neglect; or
  - o your child care program license is denied or revoked.

Section D. Signatures

Licensing staff searches Oklahoma Human Services (OKDHS) databases for involvement that may impact the individual's ability to meet requirements. Searches are conducted on all adults with the exception of directors, who are not owners or responsible entities, who sign the Request for License Child Care Program.

Is any individual completing this form a military service member or spouse? ☐ Yes ☐ No

Individual completing the form

_____
Print name

_____ _____
Signature Date

Owner or responsible entity who has authorization to obligate the business entity

I understand it is my responsibility to read and comply with licensing requirements. I certify the information provided on this form is true and complete. I understand giving false or incomplete information may result in denial or revocation of my license. ☐ Yes ☐ No

_____
Print name

_____ _____
Signature of owner or responsible entity who has authorization to obligate the business entity Date

Licensing Use Only

Date completed addendum received: _____

Date incomplete addendum returned: _____