



OPENING A FAMILY OR GROUP HOME CHILD CARE FACILITY IN ALLENTOWN

1. **___Apply for a Zoning Permit.** Come to the **4th floor** counter at **City Hall** and ask for the **Zoning** office. A *Zoning Officer* will determine if your location is approved for a child care facility. If it is, the *Zoning Officer* will provide you with a **Zoning Permit** application. Complete the application. A \$50 fee is charged for the permit.
2. **___Complete a Business Registration Questionnaire (BRQ)** which you can get at the 4th floor counter. If you need help completing the BRQ go to the **Finance Office, 2nd floor, Room 215**. Someone will assist you there.
3. **___Zoning approves your BRQ.** At the 4th floor counter have a *Zoning Officer* sign the BRQ.
4. **___Pay for your BRQ.** Once your BRQ is signed by a *Zoning Officer* go to the **Finance Office, 2nd floor**, with your **BRQ** to pay **\$35** for your **Business License**.
5. **___Apply for State Registration.** Next, contact the **Pennsylvania State Department of Human Services (DHS)** at 1-800-222-2108 and ask for their application for a family or group child care home. They will send you a packet of information and forms to be completed and sent back to them.
6. **___Apply for Fire Inspection and Permits.** DHS will require you to provide copies of a **Fire Inspection Permit** and a **Certificate of Occupancy** for your family or group child care home. To arrange for a *Fire Inspector* to inspect your home, call the **Fire Inspections** office at 610-437-7758. A fee of \$40 is charged for the Fire Inspection Permit for a family child care home and \$45 is charged for the Fire Inspection Permit for a group child care home. A Certificate of Occupancy issued by the *Fire Inspector* is also required; the fee for this is \$50. You will need to send a copy of the Fire Inspection Permit and Certificate of Occupancy with your DHS application.

7. **___Receive DHS Registration.** When you have completed the DHS application process, you will receive a **DHS registration certificate.**
8. **___Pass Infant/Child CPR and First Aid training.** You are required to successfully pass **Infant/Child CPR and First Aid** training courses. You can call the **American Red Cross** at 610-865-4400 or another training company to register to take the course. This can be done at any time during the steps above, but must be completed before you can be approved to operate by the Health Bureau.
9. **___Apply for Health Bureau Operational Certificate.** The last step of the process is to complete the **Health Bureau** application for a **Child Care Operational Certificate.** The application is included with this guide. Contact the **Health Bureau** at 610-437-7759, 4th floor, City Hall. The application fee for a family child care home is \$50; the fee for a group home is \$75. Once the **Health Bureau** application and fee is submitted, you will be contacted by a *Sanitarian* to arrange an appointment for inspection. You must show proof of the following items at that time:

- a. **Current Infant/Child CPR and First Aid certificates**
- b. **Current Staff Health Appraisal (the form is in the DHS packet)**
- c. **First Aid Kit**
- d. **Fire extinguishers**
- e. **Smoke detectors**
- f. **DHS Registration certificate**
- g. **Fire Inspection certificate**
- h. **Business license**

Once you have successfully completed all the steps above, you will be issued an operational certificate by the Allentown Health Bureau and are approved to operate your family or group child care home.

Each year, you will be required to re-apply for the following City of Allentown certificates and licenses that expire annually:

- **Business License (Finance)**
- **Fire inspection Permit (Fire Inspections)**
- **Child Care Operational Certificate (Health Bureau)**

Renewal applications will be mailed to you prior to the expiration of your certificates/licenses.

CONTACT INFORMATION

**CITY OF ALLENTOWN OFFICES AT City Hall, 435 Hamilton St.,
Allentown, PA 18101:**

**Zoning Office
4th Floor, City Hall
610-437-7630
For: Zoning Permit**

**Finance Office
2nd Floor, Room 215, City Hall
610-437-7501
For: Business Registration Questionnaire (BRQ) / Business
License**

**Fire Inspection Office
4th Floor, City Hall
610-437-7758
For: Fire Inspection Certificate/Certificate of Occupancy**

**Health Bureau Office
4th Floor, City Hall
610-437-7759
For: Child Care Facility Operational Certificate**

**Pennsylvania State Department of Human Services
1-800-222-2108
For: PA State Child Care Facility Registration**

**American Red Cross
610-865-4400
For: Infant/Child CPR and First Aid training courses**



CITY OF ALLENTOWN

APPLICATION FOR ANNUAL OPERATIONAL CERTIFICATE TO OPERATE A CHILD CARE FACILITY

Application is hereby made for a certificate to operate a Child Care Facility of the type indicated in Section A below. By this application, it is agreed that the facility will comply with ordinances and other regulations applicable to the specified type of facility. It is further agreed that said facility shall be open to inspection by the Allentown Bureau of Health.

Please send the completed application (**BOTH SIDES**) along with the total fee to the *Allentown Health Bureau, Environmental Health Services, 410 City Hall, 435 W. Hamilton Street, Allentown, PA 18101-1699*. Make check or money order payable to the *City of Allentown, Bureau of Health*. **DO NOT SEND CASH.** Call (610) 437-7759 if you have any questions. Failure to return this application with your fee by the due date in Section D may result in appropriate legal action.

NOTE: The operational certificate is not transferable.

SECTION A – FACILITY FEES

Type	Number of Children	Annual Operational Fee	
Child Care Centers*	7-49	\$100.00	
Child Care Centers*	50-99	\$125.00	
Child Care Centers*	100 or more	\$150.00	
Family Child Care Home	4-6	\$50.00	
Group Child Care Home	7-11	\$75.00	
Other Child Care Programs	N/A	\$50.00	
*Includes Night Care, Drop-In Care & Extended Child Care Programs			
Conditional Fee		\$50.00	
Plan Review Fee		\$75.00	
Late Fee		\$35.00/month	
		Total Fee	

Email Address: _____

Where all future correspondence should be mailed? Please check one.

_____ Facility address in Section B

_____ Owner address in Section C

Emergency Phone # (____) _____

Signature _____

SECTION B – CHILD CARE FACILITY

Facility Name	
Address	
City, State, Zip Code	
Director's Name	
Telephone	
DHS License or Registration #	
DHS Expiration Date	
DHS Approved Capacity	

SECTION C – LEGAL OWNER/OPERATOR

Name of Owner	
Contact Person	
Address	
City, State, Zip Code	
Telephone	

FOR ALLENTOWN HEALTH BUREAU USE ONLY

Amount Received		City ID#	
Date Received			
Operational Certificate #		Approved By	
Expiration Date		Date	

SECTION D

Due Date	
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SEE REVERSE FOR CONTINUATION OF FORM

(over)

Please list the names of all caregiving employees, full-time and part-time. Record CPR and 1st Aid certifications for each employee where indicated.

Caregivers	CPR Cert.#	Expiration Date	1 st Aid Cert.#	Expiration Date
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1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____