



**APPLICATION FOR A
LICENSED DAY CARE HOME OR LICENSED GROUP DAY CARE HOME**

Good beginnings last a lifetime. The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth in your program. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a child care facility; and 2) affirming that you have read and agree to comply with all laws and regulations for a licensed day care home or licensed group day care home.

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SECTION I: INTENT OF THE APPLICANT/OWNER. COMPLETE ONE OF THE THREE BOXES BELOW.

NEW APPLICATION / MOVE / PROGRAM CHANGE
<p>*Orientation Date (MM/DD/YYYY) ____/____/____ Date you attended an orientation session with your local child care facility surveyor (* An Orientation Date is required to process a New, Move or Program Change application)</p> <p>_____ New application (select only one license type below) _____ Licensed Day Care Home (LDCH) _____ Group Day Care Home (GDCH)</p> <p>_____ Moving to a new location effective _____ (MM/DD/YYYY) _____ Changing ownership effective _____ (MM/DD/YYYY) _____ Changing program type to (select only one license type below) _____ Licensed Day Care Home (LDCH) _____ Group Day Care Home (GDCH)</p>

RENEWAL APPLICATION
_____ This application is notification to renew our existing license for another year.

NOTIFICATION OF CLOSURE
_____ This is a notification that I/we no longer provide child care services. Close the child care facility license effective _____ (MM/DD/YYYY). Please complete Sections II and VI.

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SECTION II: FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Official Name of the Facility to be stated (or as stated) on the license		License # (if renewing/closing)	
Name of Facility Contact Person			
Physical Address of the Facility: Street Address		City	Zip Code
County	Phone Number ()	Fax Number ()	Email Address
Show Facility Physical Address and Telephone Number on the Website? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the physical address a non-residential or commercial location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, additional information is required. See instructions.			Year Facility Built

Mailing Address of the Facility: Street Address	City	Zip Code
Public Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Safety: I/We have read, completed, and signed the Kansas State Fire Marshal's Office <u>Fire/Life Safety Agreement</u> (FLSA). It will remain posted by the license at all times (see instructions).		
The facility was inspected for fire safety by a state/local fire official on _____ (MM/DD/YYYY).		

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SECTION III: LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Name of the Legal Owner/Operator			
Physical Address of the Owner/Operator: Street Address		City	Zip Code
County	Phone Number ()	Fax Number ()	Email Address
Mailing Address of the Owner/Operator (if different): Street Address		City	Zip Code
Type of Ownership. The Legal Owner/Operator is a (check ONE of the following):			
<input type="checkbox"/> Individual or individuals that is/are not incorporated (*Question below is required to be answered) *Is each individual applicant a high school graduate or the equivalent (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Corporation, LLC, LLP Federal ID No. _____ Business Entity ID No. _____			
<input type="checkbox"/> Government entity/agency or school district Federal ID No. _____ Business Entity ID No. _____			

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SECTION IV: FACILITY OPERATION INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Indicate the months of the year, hours and days of the week you will be providing services to children and youth (check only one option for each schedule you complete):

_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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_____ All Year (Jan through Dec) _____ Summer Only (June through Aug) _____ School Year Only (Sept through May)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Do you have/intend to have a Provider Agreement with Department for Children and Families (DCF)? Yes No

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SECTION V: ADDITIONAL INFORMATION FOR NEW APPLICANTS ONLY. COMPLETE ALL INFORMATION. PLEASE PRINT.

I/we had a child care license/certificate in the past. Yes No If yes, complete the following:

Name on the previous license or certificate: _____
 License/Certificate Number _____ Year(s) of operation _____
 Address on the previous license or certificate _____

I/we attended an orientation session with my/our local child care facility surveyor on _____(MM/DD/YYYY)

Signature of the Child Care Facility Surveyor

Date Signed (MM/DD/YYYY)

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SECTION VI: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN THE APPLICATION.

I/We the undersigned, am [are the person(s)] named as the Applicant or the person(s) authorized to represent the owner listed above.

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We understand that a **new** application may take up to **90 days for processing** by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin, or ancestry.

I/We attest, under penalty of perjury, that to the best of my (our) knowledge, that the information provided in this application is true and correct.

Authorized Signature:	Date (MM/DD/YYYY)
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Authorized Signature (if more than one applicant):	Date (MM/DD/YYYY)
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FEE: IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Credit Card Information - **DISCOVER CARD ONLY**

Discover Card Account # _____ Expiration Date _____
 (Please print clearly)

Amount of the state licensing fee (see instructions): _____

Signature as it is written on the Card _____

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. **Local contractors may charge a local fee.** Please contact your local child care facility surveyor to determine the amount of the local fee and submit that fee directly to the local contractor per their instructions.

Some local ordinances may apply to your child care facility in addition to the state laws and regulations. Please contact your local child care facility surveyor to determine if there are local ordinances which may apply to the operation of a child care facility.

For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.

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SECTION VII: MAILING INSTRUCTIONS. Return the completed and signed application along with the documents listed in one of the three boxes below, as applicable. Follow the mailing instructions provided.

NEW APPLICATION / MOVE / PROGRAM CHANGE

Return the following:

1. Completed and signed application.
2. Request for KBI/DCF Child Abuse Registry Check. (You must keep a copy on file.)
3. State License Application Fee: Check or money order for \$85.00 for LDCH OR \$87 for GDCH made payable to the Department of Health and Environment. If paying by credit card, complete credit card information.
4. Local Fee, if required by the local child care facility surveyor.

SEND THE ABOVE TO: The local child care surveyor. If you do not have the address of the local child care surveyor, contact KDHE at 785.296.1270 to obtain the information or visit the KDHE website at <http://www.kdheks.gov/kidsnet>.

RENEWAL APPLICATION

Return the following:

1. Completed and signed application.
2. Request for KBI/DCF Child Abuse Registry Check. (You must keep a copy on file.)
3. State License Application Fee: Check or money order for \$85.00 for LDCH OR \$87 for GDCH made payable to the Department of Health and Environment. If paying by credit card, complete credit card information.

SEND THE ABOVE TO: Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Family Health, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.

If the local child care facility contractor charges a local fee, the local fee is to be sent to the local contractor. Do NOT send the local fee to KDHE with the renewal application.

NOTIFICATION OF CLOSURE

Return the completed (Sections I, II and VI) and signed application to the Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Family Health, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.