CCL. 251
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Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone (785) 296-1270 Fax (785) 296-0803
Website: www.kdheks.gov/kidsnet

APPLICATION FOR A DAY CARE RESOURCE AND REFERRAL AGENCY

Good beginnings last a lifetime. The service you offer is important to the community. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth, including referral agencies. By completing and submitting this application you are: 1) requesting a license to operate a Day Care Referral Agency and 2) affirming that you have read and agree to comply with all laws and regulations for Day Care Referral Agencies.

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

NEW APPLICATION / MOVE / PROGRAM CHANGE

_____ **This application is for a new day care referral agency that is not currently licensed OR is currently licensed and:**

_____ **moving to a new location** **anticipated date**_____
_____ **changing ownership** **anticipated date**_____

RENEWAL APPLICATION

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

NOTICE OF CLOSURE

_____ **This is notification that I/we no longer provide Day Care Referral Agency services. Close the license effective**

_____ **(MM/DD/YYYY).**

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

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**

Mailing Address of the Facility: Street Address	City	Zip Code
Year Facility Built	Most Recent Fire Inspection Date	
Public Water ☐ Yes ☐ No	Public Sewer ☐ Yes ☐ No	

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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 Owner/Operator (if different): Street Address	City	Zip Code

The Legal Owner/Operator is a (check ONE of the following):

_____ **individual, partnership or association of individuals that is (are) not incorporated**
_____ **corporation**
_____ **government agency, including school districts**
_____ **other (please describe)** _____

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 (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

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

_____ Yes _____ No I/we have had a certificate or license for a child care facility or school age program in the past and the facility is closed. If you answered Yes to this question, complete the following information:

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

I/we have attended an orientation session with my/our local child care facility surveyor.

Date of orientation session: _____ (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 WHEN COMPLETED.

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 prior to receiving a Temporary Permit or License from KDHE.

In accordance with K.S.A. 44-1009, I/we shall not exclude any family 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, the information provided in this application is true and correct.

Authorized Signature:	**Date (MM/DD/YYYY)**

Authorized Signature (if more than one applicant):	**Date (MM/DD/YYYY)**

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 license fee $_____

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 Day Care Referral Agency 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.

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

Return the following documents:

1. **Completed and signed application.**
2. **Request for KBI/DCF Child Abuse Registry Check. (You must keep a copy on file.)**
3. **Fire Safety Approval. You must obtain Fire Safety Approval from the State Fire Marshal. Call the State Fire Marshal at (785) 296-3401.**
4. **State License Fee Payable to the Kansas Department of Health and Environment or complete credit card information. Fee: $75.00.**
5. **Verification of legal owner/operator according to the instructions.**
6. **Description of Program Activities and Services according to the instructions.**
7. **Physical Facility Information according to the instruction.**
8. **Local Code approval according to the instructions**
9. **Sanitarian's approval, if applicable, according to the instructions.**
10. **Local Fee, if required by the local child care facility surveyor.**

SEND THE ABOVE INFORMATION TO THE LOCAL CHILD CARD FACILTIY SURVEYOR. IF YOU DO NOT HAVE THE ADDRESS OF THE LOCAL CHILD CARE FACILITY SURVEYOR, CONTACT KDHE AT 785-296-1270 TO OBTAIN THE INFORMATION OR CHECK THE KDHE WEBSITE AT www.kdhe.state.ks.us/kidsnet/.

RENEWAL APPLICATION

Return the following documents:

1. **Completed and signed application.**
2. **Request for KBI/DCF Child Abuse Registry Check. (You must keep a copy on file.)**
3. **State License Fee payable to the Kansas Department of Health and Environment or complete credit card information. Fee: $75.00.**

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.

NOTIFICATION OF CLOSURE

Return the completed and signed application to the Kansas Department of Health and Environment, Curtis State Office Building, Bureau of Family Health, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.