



**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.

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

<p>RENEWAL APPLICATION (with no changes)</p> <p>_____ This application is notification to renew our existing license for another year.</p>

<p><u>NEW APPLICATION / MOVE / PROGRAM CHANGE / OWNERSHIP CHANGE</u></p>
<p>* <u>An Orientation Date is required to process a New, Move, Program Change or Change of Ownership application</u></p> <p><i>If you have not attended an orientation session, STOP and contact the local child care licensing surveyor for your county at http://www.kdheks.gov/bcclr/download/county_contacts.pdf before continuing with your application.</i></p>
<p>*Orientation Date (MM/DD/YYYY) _____ / _____ / _____ (Date you attended an orientation session with your local child care licensing surveyor)</p>

Type of Application	Select one Program Type	What is your Anticipated Date to Open
_____ New application (New Facility)	_____ Licensed Day Care Home	_____ (MM/DD/YYYY)
_____ Moving to a new location	_____ Group Day Care Home	
_____ Changing Program Type		
_____ Changing Ownership		

<p><u>NOTIFICATION OF CLOSURE (DO NOT SEND UNTIL YOU ARE CLOSED)</u></p> <p>_____ This is a notification that I/we no longer provide child care services.</p> <p>Close the child care facility license effective: _____ (MM/DD/YYYY). Please complete Sections II and VI.</p>
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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 #	
Name of Facility Contact Person			
Physical Address of the Facility: Street Address		City	Zip Code
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number ()	Fax Number ()

SECTION II: FACILITY INFORMATION. (Continued)

Show Facility Physical Address and Telephone Number on the Public 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 CCL.201a Instructions and CCL.201b Application Checklist.		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	
<p>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). (LEAVE DATE BLANK IF NO INSPECTION WAS CONDUCTED)</p> <p>The facility was inspected for fire safety by a state/local fire official on _____ (MM/DD/YYYY)</p>		

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

Name of 1st Legal Owner/Operator				
Physical Address of the Owner/Operator: Street Address		City	State	Zip Code
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number ()	Fax Number ()	
Mailing Address of the Owner/Operator (if different): Street Address		City	State	Zip Code
Name of 2nd Legal Owner/Operator				
Physical Address of the Owner/Operator: Street Address		City	State	Zip Code
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number ()	Fax Number ()	
Mailing Address of the Owner/Operator (if different): Street Address		City	State	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 Employer ID No. (FEIN) _____ Business Entity ID No. (BEIN) _____			
<input type="checkbox"/>	Government entity/agency or school district Federal Employer ID No. (FEIN) _____ Business Entity ID No. (BEIN) _____			

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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 a Provider Agreement with Department for Children and Families (DCF)? Yes No
If you would like more information about becoming a DCF Provider, please call 1-888-369-4777.

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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 _____

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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 LICENSE FEE BY DEBIT OR CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Debit or Credit Card Information – VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS

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

Amount of the license fee (see instructions): _____

Print your name as it appears on the front of the card: _____

Signature as it is written on the Card: _____
 By signing your name, you authorize KDHE to charge your card for the amount listed above.

Kansas Department of Health and Environment contracts with local health departments or private contractors for local regulatory services. Please contact your local child care licensing surveyor to determine if additional fees are required.

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

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/ OWNERSHIP CHANGE

Return the following:

1. Completed and signed application. * **YOUR DATE OF ORIENTATION IS REQUIRED ON THE APPLICATION** *
 2. Completed CCL 002 Background and Registry Checks for Child Care Facilities form.
** Form CCL.002a LDCH-GDCH Affiliate Roles should be used to determine appropriate role for each affiliate.
 3. License Fee: Debit or credit card, check, cashier's check or money order for \$85 for LDCH OR \$87 for GDCH. If paying by check, cashier's check or money order make payable to KDHE. If paying by debit or credit card, complete credit card information. The license fee is not refundable.
 4. For All Applicants: Refer to CCL.201a Instructions For Completing the Application for additional information.
 5. For Non-Residential or Commercial locations – completed and signed CCL.201b Application Checklist form
- SEND THE ABOVE TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**

RENEWAL APPLICATION

Return the following:

1. Completed and signed application.
 2. Completed CCL 002 Background and Registry Checks for Child Care Facilities form.
** Form CCL.002a LDCH-GDCH Affiliate Roles should be used to determine appropriate role for each affiliate.
 3. License Fee: Debit or credit card, check, cashier's check or money order for \$85 for LDCH OR \$87 for GDCH. If paying by check, cashier's check or money order make payable to KDHE. If paying by debit or credit card, complete credit card information. The license fee is not refundable.
- SEND THE ABOVE TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**

NOTIFICATION OF CLOSURE

* **DO NOT SEND UNTIL YOU ARE CLOSED** – You are required to post your current license until you are officially closed. *

Return the following after you have closed:

1. Completed (Sections I, II, and VI) and signed application.
2. Your License.

SEND THE ABOVE TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.