CCL. 301
Rev. 6/2019

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) 559-4244
Website: www.kdheks.gov/kidsnet

Kansas Department of Health and Environment

APPLICATION FOR A CHILD CARE CENTER, PRESCHOOL, HEAD START

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 licensed child care centers.

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

RENEWAL APPLICATION (with no changes)

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

NEW APPLICATION / MOVE / PROGRAM CHANGE / OWNERSHIP CHANGE

*** An Orientation Date is required to process a New, Move, Program Change or Change of Ownership application**

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.*

***Orientation Date** (MM/DD/YYYY) _____/_____/_____
(Date you attended an orientation session with your local child care licensing surveyor)

Type of Application:	Select one Program Type:	What is your Anticipated Date to Open:
_____ **New application (New Facility)** _____ **Moving to a new location** _____ **Changing Program Type** _____ **Changing Ownership**	_____ **Child Care Center** _____ **Preschool** _____ **Head Start Program**	_____ **(MM/DD/YYYY)**

Requested License Capacity: _____

NOTIFICATION OF CLOSURE ***(DO NOT SEND UNTIL YOU ARE CLOSED)***

_____ **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 #**
Name of Facility Contact Person	**Name of Qualified Program Director**		
Physical Address of the Facility: Street Address	**City**		**Zip Code**
County	**Email Address** ***(Used for official KDHE Notification)***	**Phone Number** **( )**	**Fax Number** **( )**

SECTION II: FACILITY INFORMATION. (Continued)

Show Facility Physical Address and Telephone Number on the Website? ☐ Yes ☐ No		
Mailing Address of the Facility: Street Address	**City**	**Zip Code**
Public Water ☐ Yes ☐ No	**Public Sewer ☐ Yes ☐ No**	
Most Recent Fire Inspection Date: (MM/DD/YYYY)	**Year Facility Built**	

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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**	**State**	**Zip Code**
County	**Email Address** (***Used for official KDHE Notification***)	**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):

☐ **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) ☐ Yes ☐ No**

☐ **Corporation, LLC, LLP**

Federal Employer ID No. (FEIN) _____ Business Entity ID No. (BEIN) _____

☐ **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**

____ 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.

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 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)**

Authorized Signature, if more than one person:	**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 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 / OWNERSHIP CHANGE

Return the following documents:

1. **Completed and signed application. * <u>YOUR DATE OF ORIENTATION IS REQUIRED ON THE APPLICATION</u> ***
2. **Completed CCL002 (revised 12/2018) Background and Registry Checks for Child Care Facilities form. **Effective 12/1/2018** - Form CCL002a CCC-PS-HS must be used to determine appropriate role for each affiliate.**
3. **Fire Safety Approval. You must obtain Fire Safety Approval from the Kansas State Fire Marshal Office. Call the State Fire Marshal at 785-296-3401. See Instructions.**
4. **License Fee: Debit or credit card, check, cashier's check or money order for Child Care Centers, Head Starts, and Preschools fee see instructions. 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.**
5. **Verification of legal owner/operator. See instructions.**
6. **Description of Program Activities and Services. See instructions.**
7. **Physical Facility Information. See instructions.**
8. **Sanitarian's approval, if applicable. See instructions.**
9. **Local Code approval. See instructions.**

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

RENEWAL APPLICATION

Return the following documents:

1. **Completed and signed application.**
2. **Completed CCL002 (revised 12/2018) Background and Registry Checks for Child Care Facilities form. ** Effective 12/1/2018** - Form CCL002a CCC-PS-HS must be used to determine appropriate role for each affiliate.**
3. **License Fee: Debit or credit card, check, cashier's check or money order for Child Care Centers, Head Starts, and Preschools fee see instructions. 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

*** *<u>DO NOT SEND UNTIL YOU ARE CLOSED</u>* – 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.