



**INQUIRY REGARDING LICENSURE
SCHOOL AGE OR DROP-IN PROGRAM**

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: **(CHECK ONE)**

- 1) requesting determination of required licensure; OR
- 2) notifying KDHE that a school age program that does not require licensure exists.

Submit the completed and signed inquiry to the Kansas Department of Health and Environment at the above address. Allow a minimum of 30 days for a written determination of licensure.

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

Official Name of the School Age or Drop-In Program

Physical Address of Program: Street Address	City	Zip Code
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County	Phone Number ()	Fax Number ()	Email Address
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Mailing Address of the Program: Street Address	City	Zip Code
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SECTION II: 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
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County	Phone Number ()	Fax Number ()	Email Address
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Mailing Address of the Owner/Operator: Street Address	City	Zip Code
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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 other than a local unit of government or public school district
- local unit of government or public school district
- nonpublic school that is
 - accredited by _____
 - nonaccredited
- other (please describe) _____

SECTION III: SCHOOL AGE OR DROP IN PROGRAM HOURS OF OPERATION. 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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Yes No The program is designed to allow two or more school children on a drop-in or enrolled basis to attend 12 hours a week or more for more than two consecutive weeks.

SECTION IV: CHILDREN/YOUTH SERVED BY THE PROGRAM.

Yes No The program serves exclusively school age children and youth. School Age Child means an individual who is of kindergarten age through the academic years in which the child is in the sixth grade and who is attending the program. School Age Youth means an individual who has completed sixth grade or is 12 years of age or older and is less than 18 years of age, is attending the program, and is not a volunteer or employee.

Yes No The program serves exclusively youth who are 16 years of age and older.

Yes No The program is a Drop-In Program. K.A.R. 28-4-700(e) defines drop-in program as a child care facility that is not located in an individual's residence, that serves exclusively school-age children and youth, and in which the operator permits children and youth to arrive at and depart from the program at their own volition and at unscheduled times. This term shall not include a program, instructional, class, or activity as specified in K.A.R. 28-4-578(b).

SECTION V: TO BE COMPLETED FOR SCHOOL AGE AND DROP IN PROGRAMS OWNED AND OPERATED BY PUBLIC SCHOOL DISTRICTS ONLY (all other owners skip to the next section).

Yes No The program is an extraordinary school program pursuant to K.S.A. 72-8238.

Yes No The program is a summer program pursuant to K.S.A. 72-8237.

Yes No The program is operated for no more than 4 consecutive hours per day or for no more than 2 consecutive weeks pursuant to K.A.R 28-4-578(b)(6).

I attest, under penalty of perjury, that to the best of my knowledge, the information in this section is true and correct.

Signature of School Authority (Principal, Superintendent, Attorney for District, School Board President) Date Signed

SECTION VI. TO BE COMPLETED FOR SCHOOL AGE PROGRAMS OWNED AND OPERATED BY ACCREDITED PRIVATE (NON-PUBLIC) SCHOOLS ONLY (all other owners skip to the next section).

- Yes No The program is an extended school day program that is conducted on the premises of an accredited non-public school.
- Yes No The program is attended only by pupils enrolled in the school in which the program is being conducted.
- Yes No The program is staffed by certified elementary school teachers.

I attest, under penalty of perjury, that to the best of my knowledge, the information in this section is true and correct.

Signature of School Authority (Principal, Attorney for School, Governing Body President)

Date Signed

SECTION VII. TO BE COMPLETED FOR SCHOOL AGE OR DROP IN PROGRAMS OWNED AND OPERATED BY A LOCAL UNIT OF GOVERNMENT (all other owners skip to the next section).

- Yes No The program is operated for no more than 4 consecutive hours or for no more than two consecutive weeks.

I attest, under penalty of perjury, that to the best of my knowledge, the information in this section is true and correct.

Signature of Official for the Local Unit of Government Authority

Date Signed

Print title of position held with the local unit of government

SECTION VIII. TO BE COMPLETED FOR ALL SCHOOL AGE OR DROP IN PROGRAMS REGARDLESS OF OWNER

- Yes No The program is an instructional class or activity in which a child or youth is enrolled for the purpose of participating in only specific subject or skill-building area, including religious instruction in a specific doctrine or tenet, academic or remedial instruction, basketball clinic, baseball league, dance or drama class or class in martial arts?
- Yes No The public agency providing funding to the program requires the program to be licensed as a child care facility.
- Yes No The program is a day reporting program for children 10 years of age or older and youth.
- Yes No The program is a specialized treatment, therapeutic, correctional, or rehabilitative program for school age children or youth that children or youth attend 12 hours a week or more or more than two consecutive weeks. Hours must be reflected in Section III above.

SECTION IX: DESCRIPTION OF THE PROGRAM

Provide a brief overview of the goals and purpose of the program (attach additional sheet for information, if needed).

SECTION X: AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN WHEN COMPLETED.

I/We the undersigned, am [are the person(s)] named as the Owner or the person(s) authorized to represent the owner listed above. I/We understand that if a determination that a license is required, a new application must be submitted 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. **Determination is based on the information provided by the owner in this inquiry as of the date signed. If changes to the program are made, a new inquiry regarding licensure should be submitted to the department.**

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

Authorized Signature:

Date (MM/DD/YYYY)