

**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



## APPLICATION FOR A NEW CHILD CARE CENTER, PRESCHOOL, OR 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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**Use form CCL 301a INSTRUCTIONS FOR COMPLETING APPLICATION FOR A NEW CHILD CARE CENTER, PRESCHOOL, OR HEAD START. Complete ALL requested information and include ALL documentation per the INSTRUCTIONS (form CCL 301a).**

**SECTION I: INTENT OF THE APPLICANT/OWNER.**

Orientation Date (MM/DD/YYYY)    ____/____/____		
An orientation is required to process the application. If you have not attended an orientation session with your county surveyor, <b>STOP</b> and contact the local child care licensing surveyor for your county before continuing with your application. Find your county surveyor at <a href="http://www.kdheks.gov/bcclr/download/county_contacts.pdf">http://www.kdheks.gov/bcclr/download/county_contacts.pdf</a>		
<b>1.) Type of Application (select one):</b>	<b>2.) Program Type (select one):</b>	<b>3.) Anticipated Date to Open:</b>
<input type="checkbox"/> New application (New Facility) <input type="checkbox"/> Moving to a New Location <input type="checkbox"/> Changing Program Type <input type="checkbox"/> Changing Ownership	<input type="checkbox"/> Child Care Center <input type="checkbox"/> Preschool <input type="checkbox"/> Head Start	____/____/____ (MM/DD/YYYY)

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**SECTION II: FACILITY INFORMATION.**

Official Name of the Facility to be stated (or as stated) on the license		License #	
Name of Facility Contact Person		Name of Program Director (if known)	
Physical Address of the Facility: Street Address		City	Zip Code
County	Email Address <i>(Used for official KDHE Notification)</i>	Phone Number (    )	Fax Number (    )

**Show Facility Physical Address and Telephone Number on the website?**  Yes  No  
*Checking "yes" to this statement authorizes KDHE to publish the facility address and phone number on their online compliance information system.*

<b>Is the physical address a non-residential or commercial location?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year Facility Built</b>
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<b>Mailing Address of the Facility: Street Address</b>	<b>City</b>	<b>Zip Code</b>
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<b>Public Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Public Sewer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION III: LEGAL OWNER/OPERATOR INFORMATION.**

<b>Name of the Legal Owner/Operator</b>			
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<b>Physical Address of the Owner/Operator: Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>County</b>	<b>Email Address</b> <i>(Used for official KDHE Notification)</i>	<b>Phone Number</b> (    )	<b>Fax Number</b> (    )
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<b>Mailing Address of the Owner/Operator (if different): Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**Type of Ownership. The Legal Owner/Operator is a (select one):**

Individual or individuals that is/are not incorporated  
     • 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)

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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\_\_\_\_\_ All Year (Jan through Dec)    \_\_\_\_\_ Summer Only (June through Aug)    \_\_\_\_\_ School Year Only (Sept through May)

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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**SECTION V: PREVIOUS LICENSURE**

I/We had a child care license in the past.  Yes  No

If Yes, complete the following:

Name on the previous license \_\_\_\_\_

License Number (if known) \_\_\_\_\_ Year(s) of operation \_\_\_\_\_

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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 an application may take up to **90 days for processing** by KDHE once the application is deemed to be complete. Incomplete applications will be returned.

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.

<b>Authorized Signature:</b>	<b>Date (MM/DD/YYYY)</b>
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**KDHE LICENSE FEE:** Currently, no payment for a Kansas Child Care license is required by the provider. State Child Care license fees are currently covered by funds allocated by the American Rescue Plan Act of 2021 (ARPA). KDHE will notify providers when this changes.

**LOCAL FEE:** KDHE contracts with local health departments or private contractors for local child care licensing services. Contact your local surveyor to determine if additional fees are required.

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**SECTION VII: MAILING INSTRUCTIONS.**

Return this completed and signed application along with ALL required documents per INSTRUCTIONS (form CCL 301a).

1. Completed and signed Application (form CCL. 301).
2. Fire Approval from the Kansas State Fire Marshal.
3. Local Code approval.
4. Sanitarian approval, if applicable.
5. Verification of Legal Owner/Operator.
6. Completed form CCL 002 Background and Registry Checks for Child Care Facilities.
7. Physical Facility Information.
8. Statement of Services.
9. Completed Application Checklist (form CCL. 301b).
10. License Fee (complete credit/debit card information above or include check/money order).

**MAIL TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274.**