

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 LICENSED DAY CARE HOME OR 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 licensed child care centers.

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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, **STOP** and contact the local child care licensing surveyor for your county before continuing with your application. Find your county surveyor at http://www.kdheks.gov/bcclr/download/county_contacts.pdf

1.) Type of Application (select one):	2.) Program Type (select one):	3.) Building Type (select one):	4.) Anticipated Opening Date:
<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"/> Licensed Day Care Home <input type="checkbox"/> Group Day Care Home	<input type="checkbox"/> Residential (a home) <input type="checkbox"/> Non-Residential or Commercial (Additional information is required. See Instructions on form CCL 201a.)	<hr style="width: 50%; margin: 0 auto;"/> (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 <i>If nothing is listed in this space, the applicant's name will be printed on the license.</i>		License # (if known)	
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 ()	Year Facility Built
Show Facility Physical Address and Telephone Number on the website? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Checking "yes" to this statement authorizes KDHE to publish the facility address and phone number on their online compliance information system.</i>			

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	
Fire Safety: The facility has been inspected for fire safety by a fire official <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date of inspection: _____ (MM/DD/YYYY). If No, leave blank. A representative from KSFM will contact you to schedule an inspection.		

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SECTION III: LEGAL OWNER/OPERATOR INFORMATION.

Name of the 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 (select one): <input type="checkbox"/> Individual or individuals that is/are not incorporated • 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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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.

Authorized Signature:	Date (MM/DD/YYYY)
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Authorized Signature, if more than one person:	Date (MM/DD/YYYY)
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SECTION VII: FEES

KDHE LICENSE FEE: *The KDHE license fee is non-refundable.* If paying by check, cashier's check, or money order; make payable to KDHE.

Licensed Day Care Home fee is \$85.00. Group Day Care Home fee is \$87.00.

<p>If paying by credit or debit card, complete the following information: VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS</p> <p>Card # _____ Expiration Date _____</p> <p>Amount of the license fee (see instructions): \$ _____</p> <p>Print your name _____</p> <p>Signature as it is written on the Card _____</p> <p><i>By signing your name, you authorize KDHE to charge your card for the amount listed above.</i></p>

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 VIII: MAILING INSTRUCTIONS.

Return this completed and signed application along with ALL required documents per INSTRUCTIONS (form CCL 201a).

- 1. Completed and signed Application (form CCL. 301).**
- 2. Completed form CCL 002 Background and Registry Checks for Child Care Facilities.**
- 3. 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.