



APPLICATION FOR LICENSE TO OPERATE A STAFF SECURE FACILITY

Strong Families Make a Strong Kansas. The service you offer to children and youth is important to the community and will have a lasting impact on the children/youth which you serve. Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a staff secure facility, and 2) affirming that you have read and agree to comply with all laws and regulations for licensed staff secure facilities serving children and youth.

SECTION I. INTENT OF THE APPLICANT/OPERATOR. PROVIDE ALL INFORMATION REQUESTED. PLEASE PRINT.

NEW APPLICATION			
This application is for a:			
<input type="checkbox"/> new facility			
<input type="checkbox"/> a facility that is currently licensed or approved, but is:	<input type="checkbox"/> moving to a new location	<input type="checkbox"/> changing ownership	
<input type="checkbox"/> changing the program type (for example, from a residential center to a staff secure facility)			

SECTION II. FACILITY INFORMATION. PROVIDE ALL INFORMATION REQUESTED. PLEASE PRINT.

Official name of the Facility to be stated (or as stated) on the license:		Contact Person for Licensing	Title
Physical Address of the Facility: (Street address)		City	Zip Code + 4
County	Phone Number ()	Fax Number ()	Email Address
Mailing Address of the Facility:		City	Zip Code + 4

SECTION III. LEGAL ENTITY/CORPORATION. PROVIDE ALL INFORMATION REQUESTED. PLEASE PRINT.

Name of the Legal Entity/Corporation:		Contact Person for Licensing	Title
Physical Address of the Legal Entity/Corporation: (Street address)		City	Zip Code + 4
County	Phone Number for Contact Person ()	Fax Number ()	Email Address
Mailing Address for Contact Person:		City	Zip Code + 4

The Legal Entity/Corporation is a (check ONE of the following):

government or governmental subdivision which employs an administrator

person, partnership or association with a governing board that is responsible for the operation, policies, finances and general management of the facility and the administrator is not a voting member of the governing board

corporation*

other (please describe) _____

*Attach certified copy of Articles of Incorporation and Bylaws which are filed with the Secretary of State's Office.

Provide tax identification number: _____
 (For an individual operator, this is the social security number.)

SECTION IV. SERVICES.

I/We plan to serve the following population:

Male; Female; Coed; Age Range: _____ to _____ Total Capacity: _____
Capacity Male _____ (optional)
Capacity Female _____ (optional)

The anticipated opening date is _____ (MM/DD/YYYY)
(Application must be submitted at least 90 calendar days before the planned opening date of the facility)

SECTION V. PHYSICAL PLANT. PROVIDE ALL INFORMATION REQUESTED. PLEASE PRINT

A. This facility is: New Construction An Existing Building Modular Unit
Provide a plot plan of the entire outdoor premises and a floor plan. The floor plan should include linear measurements of rooms and windows and should indicate placement of doors and windows. Each room should be labeled as to purpose, indicating placement of all closets, toilets, sinks, bathtubs and/or showers. The floor plan must show how the facility is separated from any other child care facility on the premises. Indicate any doors that have locking mechanisms.
B. This facility is connected to: Public Water Public Sewer Well Water* Septic Tank/Lagoon*
*If not on public water/sewer, annual approval of water supply and sewage disposal is required.

SECTION VI. ADDITIONAL INFORMATION. PROVIDE ALL INFORMATION REQUESTED. PLEASE PRINT.

Yes No I/We have applied previously for a license for a child care facility of any type, but did not obtain one.
 Yes No I/We have had a license for a child care facility, including a family foster home, in the past and the facility is closed.
 Yes No I/We currently have a license for a child care facility, including a family foster home, and I/we intend to keep that facility open.
If you answered "Yes" to any of the above questions, please complete the following information:
Name(s) on the previous/current license _____
License Number _____ Dates of Operation _____
Address on the previous/current license _____
Why license was not obtained and date of application: _____

SECTION VII. AGREEMENTS AND AUTHORIZED SIGNATURE(S). READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETE.

I/We, the undersigned am/are the person(s) named as the Applicant(s) or the authorized representative(s) of the owner listed above.

I/We have read the laws and regulations governing the operation of the facility. 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 and granting of a license to any applicant may be refused by the secretary if the applicant is not in compliance with the requirements of all applicable statutes and regulations governing facilities.

I/We affirm that I/we have developed a written description of the program and services to be offered, including a statement of the facility's purpose and goals, the number, ages and gender of prospective residents, the anticipated opening date, the facility's policies and procedures as required by K.A.R. 28-4-1251(d) program orientation, and policy of operating including the agency's position on disciplinary methods to be used by staff. Corporal punishment is prohibited. The statement contains long and short term goals and has been submitted and is currently available to the Kansas Department for Children and Families (DCF) designated representatives, and to the public.

I/We understand that a complete new application must be submitted at least 90 calendar days before the planned opening date of the facility and may take the entire 90 days for processing by DCF **once DCF receives a completed application.** I/we understand that I/we are not authorized to provide services prior to receiving a Temporary Permit or License from DCF.

I/We understand that before any staff member, volunteer or resident of the facility (other than a child lawfully admitted to the facility for services) has direct contact with children admitted to the facility for services, a background check by the Kansas bureau of investigation and background check by the Kansas department for children and families must be completed pursuant to K.A.R. 28-4-1253 and such person must meet the requirements of K.S.A. 65-516 and amendments thereto. A request for these background checks must be submitted with this application.

In accordance with the Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We attest, under penalty of perjury, that the information provided in this application is true and correct.

AUTHORIZED SIGNATURE:	TITLE:	Date (MM/DD/YYYY)
AUTHORIZED SIGNATURE:	TITLE	Date (MM/DD/YYYY)

SECTION VIII. MAILING INSTRUCTIONS. SUBMIT THE FOLLOWING:

1. Completed and signed application
2. Request for KBI/DCF Background Check (you must keep a copy on file)
3. State Fire Marshal Approval (must include approval of entrances and exits for safety)
4. Licensing Fee (Please see K.A.R. 28-4-1251(a)(5) for fee schedule): Attach check or money order for license fee
5. Articles of Incorporation and Bylaws (if applicable)
6. Detailed program description which includes the following
 - a. a statement of the facility's purpose and goals
 - b. administration plan for the program, including an organizational chart;
 - c. financing plan for the program;
 - d. staffing for the program, including job descriptions;
 - e. policy and procedure manual, identifying corresponding regulations
 - f. anticipated special education needs of those served
7. Floor plan of each building/Plot plan for entire outdoor premises (see Section V – Physical Plant). When applicable, the floor plan will show how the facility is separated from any other child care facility.
8. Directions to facility if rural location
9. Documentation the building meets applicable building codes, fire safety requirements, and zoning codes
10. Approval of well water/sewage disposal system (if applicable)
11. Documentation that local school district received at least 90-day notice of intent to open and a statement that the residents will receive educational services on-site at the facility.