FCL 750
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Kansas
Department for Children and Families

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing and Background Checks Division
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: http://www.dcf.ks.gov
Email: DCF.FCL@ks.gov

REQUEST TO CLOSE A LICENSED RESIDENTIAL FACILITY OR CHILD PLACING AGENCY

				#
Name of Facility (Exactly as it appears on the License)				**License Number**
			( )	
Street Address	**City**	**Zip**	**Phone**	

Please check all items that apply. Please indicate any other information which you would like us to know in the comments section below.

I. Problems with Compliance

- ☐ **Environmental non-compliance**
- ☐ **Record keeping non-compliance**
- ☐ **Staffing non-compliance**
- ☐ **Other (Please specify) _____**

II. Problems with Licensing Procedures

- ☐ **Too much paperwork**
- ☐ **Visits from more than one agency**
- ☐ **Other (Please specify) _____**

III. Problems with Placement Services

- ☐ **Decisions regarding foster children**
- ☐ **No children placed**
- ☐ **Too many children placed**
- ☐ **Insufficient, late or delayed payment**
- ☐ **Other (Please specify) _____**

IV. Problems with community Services

- ☐ **Foster care child(ren) not accepted by community**
- ☐ **Mental health counseling unobtainable**
- ☐ **Special education difficult to obtain**
- ☐ **Other (Please specify) _____**

V. Notification

- ☐ **I/we have returned the license via U.S. postal mail**
- ☐ **I/we have NOT returned license via U.S. postal mail**

VI. Date of Closure

Comments (Your comments will be kept confidential):

Signature of owner/authorized designee **Date**