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KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division
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Kansas Department for Children and Families
Strong Families Make a Strong Kansas

APPLICATION FOR LICENSE TO OPERATE A RESIDENTIAL FACILITY FOR CHILDREN AND YOUTH

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 residential child care facility, and 2) affirming that you have read and agree to comply with all laws and regulations for licensed residential programs serving children and youth.

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

NEW APPLICATION

This application is for a:

☐ group boarding home (5-10 residents) ☐ attendant care facility ☐ detention center
☐ residential center (11 or more residents) ☐ secure care center ☐ secure residential treatment facility

This application is for a:

☐ new residential facility
☐ a residential facility that is currently licensed or approved, but is:
☐ moving to a new location ☐ changing ownership ☐ changing the program type (for example, from a group boarding home to a residential center)

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):

☐ governmental agency ☐ individual, partnership or association of individuals that is/are not incorporated
☐ 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)

I/We plan to provide the following services (check all that apply):

☐ Emergency/Temporary Care; ☐ Residential Treatment; ; ☐ Maternity Home Care

The anticipated opening date is: _____ (MM/DD/YYY)

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.

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 either 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 a 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.

I/We affirm that I/we have developed a written statement of philosophy, purpose, program orientation, and policy of operation 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 new application may take up to 90 days for processing by DCF **once DCF receives a complete application.**

I/We understand that I/we are not authorized to provide services prior to receiving a Temporary Permit or License from DCF.

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
4. Licensing Fee (Please see K.A.R. 28-4-92 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
    - purpose of the facility;
    - administration plan for the program, including an organizational chart;
    - financing plan for the program;
    - staffing for the program, including job descriptions;
    - policy and procedure manual, identifying corresponding regulations
7. Floor plan of each building/Plot plan for entire outdoor premises (see Section V – Physical Plant)
8. Directions to facility if rural location
9. Documentation the building meets zoning requirements of the community
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