

**Commonwealth of Kentucky  
 Cabinet for Health and Family Services  
 Office of the Inspector General  
 Division of Regulated Child Care**

**EMERGENCY CHILD CARE  
 APPLICATION**

**Instructions:** All information on this application must be true and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be processed. Please contact the Division of Regulated Child Care at 502-564-7962 if you have any questions relating to this application.

**On-Site Visits for Application**

For currently licensed and certified child-care programs, an on-site visit shall not be required if: The child care program continues to operate with the same capacity and age groupings, and a cabinet surveyor has visited the facility at least once in the current year. For all other applicants, a licensing visit shall be conducted as soon as possible after the receipt of the application. The visit must occur prior to approval.

**New Site or Alternative Location Approval**

If the child-care program requires a new or alternative location for its premises, the Kentucky Fire Marshal shall review the location to ensure that safety codes are met and the cabinet shall ensure there is adequate square footage; access to clean drinking water, restrooms, and sinks for handwashing; and basic equipment meets the needs for the ages of children in care.

**As You Begin:** Write neatly in black or blue ink and complete all box fields. Enter *N/A* or *None* for non-applicable areas.

<b>Operating Name of Facility:</b>		<b>Telephone Number:</b>	
<b>FEIN-Federal Employee Identification Number:</b>		<b>Alternate Telephone Number:</b>	
<b>Street Address of Program (physical address):</b>	<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>
<b>Mailing Address of Program (only if different from physical address):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Program E-Mail Address:</b>	<b>Are You Currently Licensed or Certified in the State of KY? (If yes, please give your license number or certification number)</b>		
	# _____ /Name _____		
<b>Maximum Capacity: # _____</b>			
<b>Please note: The maximum number of children allowed is based upon available space as determined by the Kentucky Fire Marshal in conjunction with the cabinet. This should match the occupancy listed on the fire marshal report and/or inspection summary you attach.</b>			

**Local zoning approval and Kentucky Fire Marshal approval (if applicable) shall be submitted with initial application. Both shall be conducted within six months of submission of the application. Remember to make copies and retain the originals for your records. The building/fire marshal approval shall contain an occupancy load and indicate if non-traditional/night-time care is approved.**

<b>Is This Location the Home of the Applicant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, all adult household members shall be identified and have a completed national background check program result. Please attach a list of the household members with each person's name, SSN#, date of birth, and relationship to you.</b>
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<b>Number of Buildings to be Used for the Program:</b>	<b>Number of Rooms Used in Each Building:</b>	<b>Food Service Permit Number: (if applicable)</b> _____ or N/A
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**Check all service options requested:**  
 Infant Care  Toddler Care  Preschool Age Care  School Age Care  
 Transportation

**Days and Hours of Operation:**  
 24/7 care  Non-Traditional Hours: 7 pm through 5 am M-F or 7 pm on Friday until 5 am on Monday

Opening Time:  AM **SUN MON TUE WED THU FRI SAT**  
 PM \_\_\_\_\_

Closing Time:  AM \_\_\_\_\_  
 PM \_\_\_\_\_

Months of Operation:  School year only  12 months/year round  Other

**CONTACT INFORMATION (LEAD REPRESENTATIVE/CONTACT PERSON)**

<b>Full Name:</b>	<b>Title:</b>		
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County of Residence:</b>	<b>Company E-mail Address:</b>		
<b>Social Security Number:</b>	<b>Date of Birth:</b>		
<b>Home Telephone Number:</b>	<b>Cell/Mobile Telephone Number:</b>		

**DIRECTOR INFORMATION, IF APPLICABLE**

<b>Full Name:</b>	<b>E-mail Address:</b>		
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Social Security Number:</b>	<b>Date of Birth (must be 21 years old or older):</b>		
<b>Home Telephone Number:</b>	<b>Cell/Mobile Telephone Number:</b>		

Pursuant to 922 KAR 2:300, Section 2, each applicant shall submit a written cleaning and safety plan, evacuation plan, staffing plan, guidance and discipline process, medication policy, and background check verification for staff.

The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children's health records in your possession.

I understand the Office of the Inspector General has the authority to inspect the premises, child-care program, and the records required by 922 KAR 2:300. All inspections of programs shall be unannounced.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care program. Your signature on this application indicates your understanding and compliance with this law.

I hereby attest that the information contained in this application is true and correct under penalty of perjury. This application may be withdrawn at any time the applicant so desires.

\_\_\_\_\_  
Signature of Lead Representative/Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**Documentation Checklist:**

<input type="checkbox"/>	<b>Completed National Background Check Program Results for all Staff</b>
<input type="checkbox"/>	<b>Evacuation Plan</b>
<input type="checkbox"/>	<b>Staffing Plan</b>
<input type="checkbox"/>	<b>Guidance and Discipline Process</b>
<input type="checkbox"/>	<b>Medication Policy</b>
<input type="checkbox"/>	<b>State Building Code/Fire Marshal Approval (if applicable)</b>

**Director Qualifying Documentation, If Applicable:**

<input type="checkbox"/>	<b>Education (Diploma, Degree, CDA, or Director Credential)</b>
<input type="checkbox"/>	<b>Official written verification of previous full-time paid experience in a licensed center or certified home (up to 3 years – depending on educational level) or training documentation (if applicable)</b>

OIG-DRCC-07  
R. 04/21  
922 KAR 2:300

**Make a copy of the completed application and mail the original application along with copies of any required documentation to:**

**Office of the Inspector General  
Division of Regulated Child Care  
275 E. Main Street, 5 E-F  
Frankfort, KY 40621**