

Date Fee Received:	Amount: \$	Check/MO Number:	Staff Initials:	License Number:
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OIG-DRCC-01
R. (8/2018)
922 KAR 2:090

**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Office of Inspector General
Division of Regulated Child Care**



INITIAL CHILD-CARE CENTER LICENSE 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 if you have any questions relating to this application.

SECTION 1: PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)			
Is this application for a change of ownership of a child-care center? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a(n): <input type="checkbox"/> Early Head Start Center <input type="checkbox"/> Head Start Center	
Have you applied for the food program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Center as it is to appear on license:		Telephone Number: ()	
FEIN-Federal Employee Identification Number:		Alternate Telephone Number: ()	
		Fax Number: ()	
Street Address of Center (physical address):	City:	County:	Zip Code:
Mailing Address of Center (only if <u>different</u> from physical address):	City:	State:	Zip Code:
Maximum Capacity:	Center E-Mail Address (required):		
Is this center location the home of the licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , all household members (adults only) must be identified and have completed National Background Check Program findings. Please attach a list of the household members with each person's name, SSN#, date of birth and relationship to you.		
Number of Buildings to be used for the center: _____	Number of Rooms used in each building: _____	Food Service Permit Number: (if applicable) _____ or N/A	
Check all service options requested: ___ Infant Care ___ Toddler Care ___ Preschool Age Care ___ School Age Care ___ Transportation			
Days and Hours of Operation: <input type="checkbox"/> 24/7 care <input type="checkbox"/> Non-Traditional Hours: 7 pm through 5 am M-F or 7 pm on Friday until 5 am on Monday			
Opening Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	SUN	MON	TUE
	_____	_____	_____
	_____	_____	_____
Closing Time: <input type="checkbox"/> AM <input type="checkbox"/> PM			
Months of Operation: <input type="checkbox"/> School Year Only	<input type="checkbox"/> 12 months/year round		
	<input type="checkbox"/> Other _____		

CONTACT INFORMATION of Licensee/Lead Representative/Contact Person

Full Name:		Title:	
Home Address:	City:	State:	Zip Code:
County of Residence:	Company Email address:		
Social Security Number:	Date of Birth:		
Home Telephone Number: ()	Cell/Mobile Telephone Number: ()		

DIRECTOR INFORMATION

Full Name:		Email address:	
Home Address:	City:	State:	Zip Code:
Social Security Number:	Date of Birth (must be 21 years old or older):		
Home Telephone Number: ()	Cell/Mobile Telephone Number: ()		

SECTION 2: OWNERSHIP TYPE (CHECK ONE)

<input type="checkbox"/> Sole Proprietor	Individual Licensee	Complete A
<input type="checkbox"/> Corporation	Secretary of State Documentation required	Complete B
<input type="checkbox"/> Public Service Corporation (PSC)	Secretary of State Documentation required	Complete C
<input type="checkbox"/> Limited Liability Company (LLC)	Secretary of State Documentation required	Complete C
<input type="checkbox"/> Partnership	Partnership Agreement required	Complete D
<input type="checkbox"/> Government/Non-Profit	e.g. Governments, Organizations, School Boards	Complete E
<input type="checkbox"/> Organization		

A: SOLE PROPRIETOR
Special Instructions:
 Attach a copy of a Photo ID or Birth Certificate

Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address:			
City:	State:	Zip Code:	Telephone Number: home or cell? ()

B: CORPORATION/INC
Special Instructions:
 Child-care licensure requires the following to be attached:
Articles of Incorporation to include the *name, address, and telephone number* for *each member* of the Board of Directors.
 **Please note: Your status with the Kentucky Secretary of State must be Active and in Good Standing.

Name of Corporation:		Secretary of State Organization #:	
Address of Corporation:		Business Email address:	
City:	State:	Zip Code:	Business Telephone Number: ()

C: LIMITED LIABILITY COMPANY/LLC

Special Instructions: Child-care licensure requires the following to be attached: Articles of Organization and include the <i>name, address, and telephone number</i> for each manager and member. **Please note: Your status with the Kentucky Secretary of State must be Active and in Good Standing.			
Name of Limited Liability Company:		Secretary of State Organization #:	
Address of Limited Liability Company:		Business Email address:	
City:	State:	Zip Code:	Business Telephone Number: ()
Incorporated in which State?	If out of state, is the corporation registered in the State of Kentucky? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please register prior to submitting an application		
D: PARTNERSHIP Special Instructions: Attach a copy of the Partnership Agreement Attach a copy of the Photo ID or Birth Certificate for each partner If registered with the Secretary of State as a LLP or other entity, please attach a copy of the Articles of Organization and include the <i>name, address, and telephone number</i> for each manager and member.			
Partner #1			
Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address:			
City:	State:	Zip Code:	Telephone Number: home or cell? ()
Partner #2			
Full Name:			
Social Security Number:	Date of Birth:	Email address:	
Home Address :			
City:	State:	Zip Code:	Telephone Number: home or cell? ()
E: OTHER ENTITY- NOT INCORPORATED (Governments, Organizations, School Boards, etc.)			
Name of Entity:			
Address of Entity:		Business Email address:	
City:	State:	Zip Code:	Business Telephone Number: ()
SECTION 3: ATTESTATION (To be completed by all applicants)			
<ul style="list-style-type: none"> • Is the applicant the parent, spouse, sibling, or child of a previous licensee whose license was denied, suspended, or revoked, and the previous licensee will be involved in the child-care center in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (attach additional sheet(s) if necessary) 			

- Have you or anyone associated with this application held, or currently hold, another child-care license or family child-care home certification? Yes No If yes answer below (attach additional sheet(s) if necessary):

Which type? License or certification? _____ What is the provider number (CLR)? _____

What is/was the site name? _____

- Does the applicant for licensure have ownership interest in a child-care center or family child-care home that is currently suspended, excluded, terminated, or involuntarily withdrawn from participation in the Child Care Assistance Program or any other governmental assistance program as the result of fraud or abuse of that program?

Yes No If yes, please explain: (attach additional sheet(s) if necessary)

Pursuant to 922 KAR 2:090, Section 5, each licensed center shall have a written evacuation plan that must be updated annually.

Pursuant to 922 KAR 2:090, Section 12(4)(a), I understand that I am required to immediately notify the Office of Inspector General of any action or change that significantly impacts the operation of this child-care center. I also understand that KRS 620.030 requires that an individual shall promptly make a report to the proper authorities when the individual has reasonable cause to suspect that a child has been abused, neglected, or exploited at home, the child-care center, or any other location.

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 Inspector General has the authority to inspect the premises, child-care center and the records required by 922 KAR 2:090 and 2:120. All inspections of licensed child-care centers shall be unannounced.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care center.

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 Licensee or Lead Representative

Title

Date

Print Full Name

Person completing application if *other than* Licensee or Lead Representative

Name: (Print)

Telephone number: ()

This application must be accompanied by a non-refundable certified check, business check or money order made payable to the "**Kentucky State Treasurer**" in the amount of **\$50.00**.

Make a copy of the completed **application** and mail the original application along with copies of any **required** (see lists below) **documentation** plus the **fee** to:

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

Building Documentation:

1. State Building Code/Fire Marshal Approval
2. Local Zoning Approval

Director Qualifying Documentation:

1. Education (Diploma, Degree, CDA, or Director Credential)
2. TB results or health professional statement
3. Completed National Background Check Program findings
4. 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)

Division of Regulated Child Care

Initial Child-Care Center License Application Instructions

All information on the application must be true and correct. Complete the application in its entirety. Not all sections apply. Incomplete applications delay processing until the Division of Regulated Child Care (DRCC) receives all required information or documentation. Please do not submit your application to DRCC until you are ready for an inspection.

Regulations require submission of a complete and accurate application, with supporting documentation (922 KAR 2:090 Section 4).

Consideration of an initial/preliminary license application is contingent upon payment of the \$50 application fee.

If you have questions, please contact DRCC at (502) 564-7962, and follow prompts to speak with the compliance analyst assigned to you. You may also email DRCC at chfsoigrccportal@ky.gov.

Application Fee

Initial/Preliminary Application - \$50

Remit payment of the application fee **with** the application. Submit payment via certified check, business check or money order. Please make payable to the **Kentucky State Treasurer**. The Division of Regulated Child Care will not process applications without the \$50 fee.

Mail the complete application with the check or money order to:

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

As you begin:

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

Section 1: Program Information

- ***Have you applied for the food program*** - Check the box for Yes or No.
- ***Are you a(n):*** Check the box for Early Head Start Center or Head Start Center, if applicable.
- ***Name of Center, as it is to appear on license*** - Write the center name. It should not include LLC or Inc.
- ***Telephone Number*** - (Area Code) 123-4567
- ***Alternate Telephone Number*** - (Area Code) 123-4567. An alternate telephone number is beneficial. This number can be a cell phone number of the owner, director, contact person or the school or church office.
- ***FEIN - Federal Employee Identification Number*** - Enter your FEIN number, if applicable.
- ***Street Address of Center (physical address), City, County, ZIP Code***
 - The center is actually located at this address. Do not record post office box numbers.
- ***Mailing Address if different (include city and ZIP Code)***
 - The center receives mail at this address. Example: Post office box, address of corporate/parent company office, home address of child-care center owner.
- ***Center Email Address***
 - Provide a working center Email address.

DRCC encourages the use of a generic Email address rather than an address belonging to a specific individual. **Email is DRCC's main method of communication**, which might not be received if an individual's Email address is inactivated. A generic Email address (example: ABCDay@gmail.com) provides a consistent link assuring all communications are received. To change the center's Email address at any time, please notify DRCC at chfsoigrccportal@ky.gov.

- **Maximum Capacity**

- The maximum number of children allowed based upon available space as determined by the State Fire Marshal's Office in conjunction with the cabinet. This should match the occupancy listed on the Fire Marshal Report and/or Inspection Summary you attach.

Local Zoning Approval and State Building/Fire Marshal approval must be submitted with initial applications. Both must be conducted within six months of submission of the application. Remember to make copies and retain the originals for your records. The State Building/Fire Marshal approval must contain an occupancy load and indicate if non-traditional/night-time care is approved.

- **Is this center located in the home of the owner?**

- Check the Yes box if center is located in owner's home.
 - If yes, all adult household members (age 18 and above) must be identified and have a Federal Background Check completed. Please attach a list of adult household members, providing the following information:
 - Full Name (First, Middle, Last)
 - Full Social Security number (123-45-6789)
 - Date of Birth (mm/dd/yyyy)
 - Their relationship to you (example: spouse, son, daughter, etc.)
 - Check the No box if center is not located in the owner's home.

- **Number of Buildings to be used for the center**

- Record the number of buildings utilized for child-care services.

- **Number of Rooms to be used in each building**

- Record the number of rooms used by children in each building.
- Do not include bathrooms, kitchen, hallways or offices.

- **Food Service Permit Number (if applicable)**

- Record the Food Service Permit Number if applicable or indicate N/A.

- **Check all service options requested:**

<input type="checkbox"/> Infant Care	A child who is less than 12 months of age
<input type="checkbox"/> Toddler Care	A child between the ages of 12 months and 24 months
<input type="checkbox"/> Preschool Age Care	A child who is older than 36 months and younger than a school age attending kindergarten
<input type="checkbox"/> School Age Care	A child attending kindergarten, elementary or secondary education
<input type="checkbox"/> Transportation	Transported by Center Vehicle or 3 rd Party Contracted Provider

- **Days and Hours of Operation – please check AM or PM as applicable**

- Check the 24/7 Care box if you are open 24-hours per day/7 days a week.
- Check the Non-Traditional Hours box if you offer care 7 pm through 5 am M-F or 7 pm on Friday until 5 am on Monday.
- Record Opening and Closing times for each day of the week the child-care center is in operation.
 - Opening Time
 - Check the AM or PM box.
 - Record the Opening Time on the line provided.
 - Closing Time
 - Check the AM or PM box.
 - Record the Closing Time on the line provided.

- **Months of Operation**

- Check the one applicable box for School Year Only, 12 months/year round or Other. (If other please explain)

Before and After School Programs

- Provide operation hours and dates for full-day care (holiday/summer schedule)
- Provide scheduled closure dates (school breaks, holidays, vacations, etc.)

- **CONTACT INFORMATION of Lead Representative/Contact Person**

- Provide the following information:
 - Full legal name
 - Title
 - Home Address, City, State, ZIP Code
 - County of Residence
 - Email address
 - Full Social Security Number - (123-45-6789)
 - Date of Birth - (mm/dd/yyyy)
 - Home Telephone Number - (Area Code) 123-4567
 - Cell/Mobile Telephone Number - (Area Code) 123-4567

- **DIRECTOR INFORMATION**

- Provide the following information:
 - Full legal name
 - Email address
 - Home Address, City, State, ZIP Code
 - County of Residence
 - Company Email address
 - Full Social Security Number - (123-45-6789)
 - Date of Birth (must be 21 years old or older) - (mm/dd/yyyy)
 - Home Telephone Number - (Area Code) 123-4567
 - Cell/Mobile Telephone Number - (Area Code) 123-4567

Section 2: OWNERSHIP TYPE

- Check the applicable box for the ownership type defined for the child-care center and complete the application sections indicated:

<input type="checkbox"/> Sole Proprietor	Individual Licensee	Complete A
<input type="checkbox"/> Corporation		
<input type="checkbox"/> Public Service Corporation (PSC)	Secretary of State Documentation required	Complete B
<input type="checkbox"/> Limited Liability Company (LLC)	Secretary of State Documentation required	Complete C
<input type="checkbox"/> Partnership Agreement	Partnership Agreement required	Complete D
<input type="checkbox"/> Government/Non-Profit <input type="checkbox"/> Organization	e.g. Governments, Organizations, School Boards	Complete E

- **Section A: Sole Proprietor** (Complete this section in its entirety, if applicable.)
 - Business owned by one individual and not incorporated.
 - Attach a copy of a Photo ID or Birth Certificate
 - Photo and all written information must be legible. Unclear copies will not be accepted.
 - Provide the following information:
 - Full Legal Name
 - Full Social Security Number - (123-45-6789)
 - Date of Birth - (mm/dd/yyyy)
 - Email address
 - Home Address, City, State, ZIP Code
 - Telephone Number (home or cell) - (Area Code) 123-4567
- **Section B: Corporation** (Complete this section in its entirety, if applicable.)
 - Business is registered and recognized as an incorporated entity by the [Kentucky Secretary of State](#).
 - Your status with the [Kentucky Secretary of State](#) must be Active and in Good Standing.
 - Attach Articles of Incorporation to include the name, address, and telephone number for each member of the Board of Directors

- Provide the following information:
 - Name of Corporation - Must match corporation name as listed with the Secretary of State.
 - Secretary of State Organization # - Assigned to the incorporating business by the [Kentucky Secretary of State](#).
 - Address of Corporation, city, state, ZIP code (This will be the address indicated as the Principal Office address listed on the corporation's Secretary of State page)
 - Business Email address
 - Business Telephone Number - (Area Code) 123-4567
- **Section C: Limited Liability Company (LLC)** *(Complete this section in its entirety, if applicable.)*
 - Business is registered and recognized as a Limited Liability Company (LLC) with the [Kentucky Secretary of State](#).
 - Your status with the [Kentucky Secretary of State](#) must be Active and in Good Standing.
 - Attach Articles of Incorporation to include the name, address, and telephone number for each manager or member.
 - Provide the following information:
 - Name of Limited Liability Company - Must match LLC name as listed with the Secretary of State.
 - Secretary of State Organization # - Assigned to the incorporating business by the [Kentucky Secretary of State](#).
 - Address of Limited Liability Corporation, city, state, ZIP code (This is the address indicated as the Principal Office address on the corporation's Secretary of State page)
 - Business Email address
 - Business Telephone Number - (Area Code) 123-4567
 - Incorporated in which state
 - If out of state, LLC must be registered in the Commonwealth of Kentucky. Contact the [Kentucky Secretary of State](#) prior to submitting application.
- **Section D: Partnership** *(Complete this section in its entirety, if applicable.)*
 - Two or more partners own business.
 - Provide names and contact information for all partners (including silent partners) on the application. If more than two partners own the business, provide information for remaining individuals on a separate sheet of paper and attach to application.
 - Attach a copy of the Partnership Agreement with all signatures.
 - Attach a copy of the Photo ID or Birth Certificate for each partner.
 - Attach National Background Check Program findings for each partner.
 - If registered with the [Kentucky Secretary of State](#) as a LLP or other entity, please attach a copy of the Articles of Organization.
 - Provide the following information for each partner:
 - Full Legal Name
 - Full Social Security Number - 123-45-6789
 - Date of Birth - mm/dd/yyyy
 - Home Address, City, State, ZIP code
 - Telephone number (home or cell?) - (Area Code) 123-4567
 - National Background Check Findings
- **Section E: Other Entity - Not Incorporated** *(Complete this section in its entirety, if applicable.)*
 - Business is non-incorporated and under operation by school board, local government, parks and recreation, faith-based, or other non-incorporated entities.
 - **Do not** complete this section if your business is incorporated.
 - Provide the following information:
 - Name of Entity will match what is on the child-care center license.
 - Address of Entity - Must be the physical street address, city, county, ZIP code
 - Business Email address
 - Business Telephone number - (Area Code) 123-4567

Section 3: Attestation

- Please read each question carefully.
- Answer each question by checking Yes or No.
- Questions 1 and 2 must have an explanation if a “yes” response is indicated.
 - Example: Question 1 – *Jane Doe, sister of applicant was denied a child-care center license on (mm/dd/yyyy).*
 - Example: Question 2 – *ABC Day Care, Inc. operates/operated the following child-care centers: (provide license numbers and center names).*
 - Example: Question 3 – *suspended from the Food Stamp Program (mm/dd/yyyy).*

Signature of Owner or Designated Representative

- Apply signature on line with printed name and title listed to the right of signature.
- Who can sign?
 - Owner or designated corporate representative/contact person as defined under Section 2: Ownership Type.
 - Director or others assigned signatory authority in written documentation from the business owner or corporate officer identified on the [Kentucky Secretary of State](#) page.
- Date of Signature - mm/dd/yyyy

Person completing application if other than Owner or Designated Representative

- Name (please print) and title.
- Phone Number - (Area Code) 123-4567

Requesting information regarding the National Background Check Program

- Email - chfsdccbcp@ky.gov
- Phone Number - (502) 564-2524
- To request a Kentucky Online Gateway Account (KOG) in order to access the KARES application to perform national background checks, please submit an email to chfsdccbcp@ky.gov with your name, name of the child-care center and address to be used for the main contact to the child-care facility. The Division of Child Care will respond to your email with an invitation to access the program.

IMPORTANT

Review checklist before mailing application

Review entire application for accuracy

- Are all sections complete or marked with a N/A?
- Did you include your check, cashier's check or money order for \$50 paid to the order of the Kentucky State Treasurer?
- Did you attach the written local zoning approval (dated no more than six months prior to submission)?
- Did you attach the State Building or Fire Marshal approval that includes the occupancy load and if nighttime care is permitted? (dated no more than six months prior to submission)
- Did you sign and date the application?
- Did you keep a copy of the application for your records? If not, please do so before submission.

Attach documentation per your business type

Sole Proprietor

- State-issued photo identification or birth certificate for *provider*
- Completed National Background Check Program findings for owner and designated corporate representative/contact person

Partnership

- Partnership agreement signed and dated by each partner
- State-issued photo identification or birth certificate for *each partner*
- Completed National Background Check Program findings for each partner and designated corporate representative/contact person

Corporation/LLC

- Articles of Incorporation
- Name and telephone number of corporation's registered agent
- Authorization letter for designated corporate representative/contact person (if applicable)
- Authorization letter for signatory authority (if applicable)
- Completed National Background Check Program findings for designated corporate representative/contact person

Other Entity

- Authorization letter for designated lead representative/contact person (if applicable)
- Authorization letter for signatory authority (if applicable)
- Completed National Background Check Program findings for designated corporate representative/contact person

Attach documentation for the director (*submit copies, not originals*)

- Education documentation
- Proof of former employment if applicable
- Training verification through ECE TRIS (ecetris@eku.edu) or (859-622-8811)
- Completed National Background Check Program findings
- If the director lived outside of Kentucky within the past five years, you must submit a state criminal records check, a state sexual abuse registry check and a state child abuse and neglect check for all state(s) in which the director has lived.
- TB Skin Test results