



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

Foster Care Licensing and Background Checks Division  
 PO Box 1424 Topeka, Kansas 66601-1424  
 500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603  
 Website: <http://www.dcf.ks.gov>

**APPLICATION FOR LICENSE TO OPERATE A CHILD PLACING AGENCY**

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 child placing agency, and 2) affirming that you have read and agree to comply with all laws and regulations for a licensed child placing agency. Complete and return by email to: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)

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

Application for Program Type:

This application is for a:

The anticipated opening date is:

**SECTION II. FACILITY INFORMATION. PROVIDE ALL INFORMATION REQUESTED**

Official Name of the Facility to be stated on the License:		
Physical Address of Facility (Street Address)	City:	Zip:
Phone:	Fax:	Email:
Mailing Address if different from above:	City:	State/Zip:

**SECTION III. LEGAL ENTITY/CORPORATION. PROVIDE ALL INFORMATION REQUESTED**

Name of Legal Entity/Corporation:		Contact Person for Licensing:
Physical address of Legal Entity/Corporation:		City: Zip:
Phone:	Fax:	Email:
Mailing Address if different than above:	City:	State/Zip:

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

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

Provide tax identification number (for individual owner use social security number):

**SECTION IV. SERVICES. I/We plan to serve the following population:** *(check all that apply)*

Sponsor family foster homes

Serve child(ren) in family foster care

Serve child(ren) in residential care

Serve child(ren) needing special needs adoption

Serve birth parents and child(ren) needing infant adoption services

Other

**I/we plan to serve children that are in the Custody of Department for Children and Families:**

**I/We plan to provide the following services:**

**SECTION V. PHYSICAL PLANT. PROVIDE ALL INFORMATION REQUESTED.**

Facility Building Type:

*\*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.*

This facility is connected to:

This facility is connected to:

*\*If not on public water/sewer, annual approval of water supply and sewage disposal is required.*

**SECTION VI. ADDITIONAL INFORMATION. PROVIDE ALL INFORMATION REQUESTED.**

I/We have applied previously for a license **in Kansas** for a child care facility of any type but did not obtain one.

I/We have had a license **in Kansas** for a child care facility, including a family foster home, in the past and the facility is closed.

I/We currently have a license **in Kansas** 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:* \_\_\_\_\_ *TO* \_\_\_\_\_

*Address on the previous/current license:*

*Why a license was not obtained and date of application:*

I/We have applied previously for a license **in another state** for a child care facility of any type but did not obtain one.

I/We have had a license **in another state** for a child care facility, including a family foster home, in the past and the facility is closed.

I/We currently have a license **in another state** 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:*

**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 agency.

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

AUTHORIZED SIGNATURE

TITLE

**SECTION VIII. Submission of application and supporting documents:**  
[DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)

**Completed and signed application**

**Request for KBI/DCF Background Check** (you must keep a copy on file)

**State Fire Marshal Approval**

**Licensing Fee** (Please see K.A.R. 28-4-92 for fee schedule):

Mail check or money order for license fee to:

Foster Care Licensing and Background Checks Division

PO Box 1424 Topeka, Kansas 66601-1424

Or

Online-Payment link: <http://www.dcf.ks.gov/pages/Online-DCF-Payments.aspx>

Receipt of payment is attached to this request:

**Articles of Incorporation and Bylaws** (if applicable)

**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

**Floor plan of each building/Plot plan for entire outdoor premises** (see Section V – Physical Plant)

**Directions to facility if rural location**

**Documentation the building meets zoning requirements of the community**

**Approval of well water/sewage disposal system** (if applicable)