

LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 DIVISION OF PROGRAMS
 LICENSING SECTION
 P.O. BOX 260035, BATON ROUGE, LA 70826
 225-342-9905

APPLICATION FOR LICENSE TO OPERATE A CHILD RESIDENTIAL FACILITY,
 CHILD PLACING AGENCY, OR MATERNITY HOME

1. IMPORTANT NOTES

A License is required **PRIOR** to opening. An initial application fee of **\$25.00** is required. Additional license fees, if any as required by the minimum standards, are due after initial survey and prior to issuance of a license. All fees are to be paid by **CERTIFIED CHECK OR MONEY ORDER** made payable to the **Department of Children and Family Services**. **Do NOT send cash, business or personal checks.** Fees are **NON-REFUNDABLE**.

2. TYPE OF LICENSE

(Check One Only)

- Initial Application
- Renewal Application for License #:

(Check All Appropriate)

- Change of Ownership
- Change of Location

3. FACILITY INFORMATION

Facility Name:

Location Address:

Street _____ City _____ **LA** State Zip Code _____

Mailing Address:

Street _____ City _____ State Zip Code _____

Facility Telephone Number:

() -

Office Telephone Number:

() -

Parish:

Facility E-Mail Address:

Facility Website Address:

4. ORGANIZATIONAL STRUCTURE (Owner of Business)

Check only one organization structure type (individual, partnership, church, university, corporation/LLC or governmental):

Individual – *Sole proprietor or sole owner* is the individual who directly owns a facility without setting up or registering a corporation/LLC, partnership, etc.

Name of Individual: _____ Email: _____

Individual's Physical Address: _____
 Physical Street Address _____ City _____ State _____ Zip Code _____

Individual's Mailing Address: _____
 Mailing Address _____ City _____ State _____ Zip Code _____

Individual's Telephone #: _____ Individual's Date of Birth: _____

Name of Individual's Spouse (if applicable) : _____

Spouse's Physical Address: _____
 Physical Street Address _____ City _____ State _____ Zip Code _____

Spouse's Mailing Address: _____
 Mailing Address _____ City _____ State _____ Zip Code _____

Spouse's Telephone #: _____ Spouse's Date of Birth: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Partnership – any general or limited partnership licensed or authorized to do business in this state. Owners of a partnership are its limited or general partners and any managers thereof. (If additional partners, attach separate list to application.)

Name of Partner 1: _____

Partner 1's

Physical Address:

Physical Street Address _____ City _____ State _____ Zip Code _____

Partner 1's

Mailing Address:

Mailing Address _____ City _____ State _____ Zip Code _____

Partner 1's Telephone #: _____

Partner 1's Date of Birth: _____

Name of Partner 2: _____

Partner 2's

Physical Address:

Physical Street Address _____ City _____ State _____ Zip Code _____

Partner 2's

Mailing Address:

Mailing Address _____ City _____ State _____ Zip Code _____

Partner 2's Telephone #: _____

Partner 2's Date of Birth: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Church

Name of Church: _____

Church's

Physical Address:

Physical Street Address _____ City _____ State _____ Zip Code _____

Church's

Mailing Address:

Mailing Address _____ City _____ State _____ Zip Code _____

Church's Telephone #: _____

Contact Name: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

University

Name of University: _____ Department: _____

University's

Physical Address:

Physical Street Address _____ City _____ State _____ Zip Code _____

University's

Mailing Address:

Mailing Address _____ City _____ State _____ Zip Code _____

University's Telephone #: _____

Contact Name: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Corporation/LLC – any entity incorporated in Louisiana or incorporated in another State, registered with the Secretary of State in Louisiana, and legally authorized to do business in Louisiana.

Name of Corporation: _____ Department: _____

Corporation's

Physical Address:

Physical Street Address _____ City _____ State _____ Zip Code _____

Corporation's

Mailing Address:

Mailing Address _____ City _____ State _____ Zip Code _____

Corporation's Telephone #: _____

Contact Name: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

Governmental – If governmental, please specify which: Federal State City Parish

Name of Governmental Entity: _____ Department: _____

Governmental Entity's
Physical Address: _____
Physical Street Address _____ City _____ State _____ Zip Code _____

Governmental Entity's
Mailing Address: _____
Mailing Address _____ City _____ State _____ Zip Code _____

Governmental Entity's Telephone #: _____ Contact Name: _____

Profit or Non-Profit Federal EIN: _____ State Tax ID#: _____

5. CRIMINAL BACKGROUND CHECKS & STATE CENTRAL REGISTRY DISCLOSURE FORMS REQUIRED

Documentation of satisfactory criminal background checks and annual State Central Registry disclosure forms (SCR-1) must be attached on all owners and directors for each facility as follows:

If **Individual** ownership – individual and spouse as provided in item 4.

Individual's Name: _____ Spouse's Name: _____

If **Partnership** ownership – all limited or general partners and managers as verified on the Secretary of State's website.

Partner's Name: _____ Partner's Name: _____

Partner's Name: _____ Partner's Name: _____

If **Church, Governmental** entity or **University** owned – any clergy and/or board member that is present in the facility during the hours of operation or when children are present. (additional sheet may be added)

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

If a **Corporation/LLC** – any individual who has 25% or greater share in the business or any individual with less than a 25% share in the business and performs one or more of the following functions:

- a. has unsupervised access to the children in care at the facility;
- b. is present in the facility during hours of operation;
- c. makes decisions regarding the day-to-day operations of the facility;
- d. hires and/or fires child care staff including the director/director designee;
- e. oversees child care staff and/or conducts personnel evaluations of the child care staff; and/or
- f. writes the facility's policies and procedures.

If an owner has less than a 25% share in the business and does not perform one or more of the functions listed above, effective August 1, 2011, a signed, notarized attestation form is required in lieu of a criminal background clearance.

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

Name _____ Title _____
Physical Street Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Telephone Number: _____ Date of Birth: _____

6. PROGRAM INFORMATION

NOTE: IF MORE THAN ONE FACILITY, PROGRAM, OR AGENCY IS TO BE LICENSED, A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH LICENSE REQUESTED.

I/We hereby apply to be licensed as:

Child Residential Facility

Child Placing Agency

Maternity Home

Choose only one:

Class A

Class B

Choose one or more subprogram(s) of:

Foster Care Services

Adoption Services

Transitional Placing Services

The **facility's director** – the individual who is responsible for the day-to-day operation, management, and administration of the facility as recorded with the Licensing Section.

7. FACILITY DIRECTOR

Director must meet the qualifications prior to being appointed.
Documentation must be submitted to the Licensing Section verifying that qualifications are met.

Name: _____
Title First Name Middle Name Last Name
 Examples are Mr., Mrs., Ms., Rev., Sr., Pastor. Other titles not listed here are acceptable.

Home Physical Address: _____
Physical Street Address City State Zip Code

Home Mailing Address: _____
Mailing Address City State Zip Code

Date of Birth: _____ Home Telephone Number: () - _____ Years of Experience in a Licensed Facility: _____

Date Hired at This Facility in Any Capacity: _____ Date Hired as Director: _____

Director Responsible for Other Facilities?
 No Yes If yes, list facilities below and complete Item 6:

8. PERSONAL CHARACTER REFERENCES FOR DIRECTOR

(References shall not be related to Director)
 This section is to be completed for all initial applications and whenever there is a change in Director.
 Please list a minimum of THREE references.

PERSONAL CHARACTER REFERENCES FOR DIRECTOR

Name	Mailing Address (including zip code)	Phone Number
		() - _____
		() - _____
		() - _____

9. FUNDING SOURCE (Check all that apply)

- Dept. of Corrections (OJJ) DCFS/Rehabilitation Agency
 Private Pay Department of Children and Family Services
 Other – Describe: _____

10. FACILITY OPERATIONS

Licensed Capacity (Proposed, if new facility): _____	Number of Buildings Used by Children: _____
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Age Range: _____ Years TO _____ Years

Months Open During Year: All 12 Months Yes No (If No, Months Open: _____ to _____)

Days and Hours Open During Week: (check all days that apply and indicate hours of operation for each day)

<u>Day of Week</u>	<u>Begin Time</u>	<u>End Time</u>
<input type="checkbox"/> Monday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Thursday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Friday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Saturday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Sunday	_____ <input type="checkbox"/> am <input type="checkbox"/> pm TO _____	<input type="checkbox"/> am <input type="checkbox"/> pm

If operational hours differ at other times of the year, please provide explanation below:

11. DECLARATION STATEMENTS - Certification by Owner or Director Required

I understand that a licensing inspection will be made by the Licensing Section, the State Fire Marshal, the Office of Public Health, and other local agencies as may be appropriate (Zoning, City Fire, etc.).

ALL AGENCIES MUST GIVE THEIR APPROVAL PRIOR TO LICENSURE AND OCCUPANCY.

I certify that I have personally completed this Application and have carefully investigated all facts necessary to complete this Application. I further certify that all information contained in this Application is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Application may cause my application to be denied or my license revoked or not renewed. I further understand that failure to provide complete information may result in my application being delayed, denied or my license revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the licensure of child care facilities, child placing agencies, and maternity homes could result in my license being denied or revoked.

Date:

Signature of Owner or Director:

Type or Print Name and Title:

DISCLOSURE FORM FOR BACKGROUND INFORMATION

Name of Facility:

Physical Address of Facility:

Street City LA State Zip Code

License number:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Has the owner, director, or any staff ever been convicted of, or pled guilty or <i>nolo contendere</i> to any felony? If your answer is "Yes", please provide the name of the person, person's position, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Has the owner, director, or any staff ever been convicted of, or pled guilty or <i>nolo contendere</i> to any misdemeanor involving a juvenile, elderly, or infirm victim? If your answer is "Yes", please provide the name of the person, person's position, the offense convicted of/pled to, the date of the offense, the city and state where the offense occurred, the court handling the case, the date of the conviction/plea, and the sentence imposed.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Has the owner, director, or any person named on the application ever used, or been known by, any name other than that listed, including any maiden name, former married name, legally changed name, or alias? If your answer is "Yes", please provide the present name of that person, each other name used, the dates that other name/names were used, and the reason for the name change (e.g., marriage, divorce, court-approved name change, etc.).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Has the owner, director, any staff, or affiliate as defined in the current minimum standards ever had a license to operate any type of child care facility or child placing agency denied, revoked, suspended, or not renewed? If your answer is "Yes", please provide the name of the person, person's position at the time of denial/revocation/suspension/nonrenewal and person's current position, the name of the facility or agency, the date of the license denial, revocation, suspension or non-renewal, the type of adverse action involved (e.g., license denial, license revocation, license suspension, license not renewed), the name of the regulatory agency or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Has the owner, director, or any staff ever been denied approval, or had approval denied, revoked, suspended, or not renewed, to serve as a foster or adoptive parent? If your answer is "Yes", please provide the name of the person, person's position, the date of the denial, revocation, suspension, or non-renewal, the type of adverse action involved (approval/licensure to serve as foster or adoptive parent denied, approval/licensure revoked, approval/licensure suspended, approval/licensure not renewed), the name of the regulatory or court taking the adverse action, the city and state where the regulatory agency or court is located, and the reasons given by that agency/court for its action.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Has the owner, director, or any staff ever had a child in his/her care or custody removed from his/her home in any child protection, child in need of care, termination of parental rights, or any similar proceeding? If your answer is "Yes", please provide the name of this person, person's position, the date of the removal, the court ordering the removal, the city and state where the court is located, and the final disposition of the case.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Has the owner, director, or any staff ever been the subject of a validated complaint of abuse, neglect, or exploitation of any child or of any elderly or infirm person? If your answer is "Yes", please provide the name of the person, person's position, and attach the decision letter which indicates that the individual does not pose a risk to children.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Has the owner or director verified that all staff including the director completed a State Central Registry disclosure form dated within the last 12 months verifying that their name is not recorded as a perpetrator on the State Central Registry? If your answer is "No", please provide the name of the person's whose disclosure form indicates that the individual's name is recorded as a perpetrator on the State Central Registry, person's position and attach the decision letter which indicates that the individual does not pose a risk to children.

I certify that I have personally completed the Disclosure Form. I further certify that I have carefully investigated all facts necessary to complete the Disclosure Form, and that all information contained on this Disclosure Form is true and correct to the best of my knowledge and ability. I understand that knowingly providing false information on this Disclosure Form, may cause my application to be denied, license revoked or not renewed. I further understand that failure to provide complete information may result in my application being denied or my license revoked or not renewed. I also understand that knowingly providing false information may result in criminal charges. I understand that failure to comply with the law and regulations governing the licensure of child care facilities could result in my license being denied or revoked.

Date:

Signature of Owner or Director:

Type or Print Name and Title: