License # L 356 895 Expiration Date March 31, 2016

OIG-DRCC-01
R. (4/2013)
922 KAR 2:090

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

CHILD-CARE CENTER LICENSE APPLICATION

Instructions: All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the Division of Regulated Child Care if there are any questions relating to this application.

***FOR LICENSE RENEWALS ONLY:** Renewal of this license is contingent upon the payment of the application fee and a current arrangement to pay a civil penalty imposed due to a violation(s) which posed an immediate threat to the health, safety, or welfare of a child served by a licensed child- care center.

SECTION 1: PROGRAM INFORMATION(THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Application Type (Choose One): ☐ Preliminary ☑ Renewal ☐ Change of Ownership ☐ Revision of Existing License

Name of Center as it is to appear on license:	Telephone Number / Alternate Telephone Number:
Conner Child Development Center	(859) 334-4410 / (859) 393-4899

Street Address of Center (physical address):	City:	County:	Zip Code:
3300 Cougar Path	Hebron	Boone	41048

Mailing Address of Center, if different (include city and zip code): same as above

E-Mail Address:	Fax Number (including area code):
Kim.bell@boone.kyschools.us	(859) 334-4435

Is this center located in the home of the owner?	If **yes**, all household members must be identified and have background checks completed (adults only). Please attach a list of the household members with their names, SSN#, and dates of birth.	Maximum Capacity
☐ Yes ☑ No		100

Number of Buildings to be used for the Center:	Number of Rooms to be used in each building:	**Must Submit**
1	4	1. State Building Code/Fire Marshal Approval 2. Local Zoning Approval

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐ 24 hour care	☑AM ☐PM	☑AM ☐PM	☑AM ☐PM	☑AM ☐PM	☑AM ☐PM	☐AM ☐PM	☐AM ☐PM
Opening Time:	7:00	7:00	7:00	7:00	7:00	—	—
Closing Time:	4:15	4:15	4:15	4:15	4:15	—	—

Months of Operation: ☑ School Year Only ☐ 12 months ☐ Other _____

Check all service options that apply:				Food Service Permit
Infant Care ☐	Toddler Care ☑	Preschool Age Care ☑	School Age Care ☑ (½ Day Kindergarten)	☑
Transportation ☐	Non-Traditional Hours ☐		(Before + after)	Permit Number 9415 School Cafeteria

SECTION 2: OWNERSHIP TYPE (CHECK ONE)		
☐ Sole Proprietor – Not Incorporated	Individual Owner	Complete Sections **A and F**
☐ Corporation ☐ Public Service Corporation (PSC)	Secretary of State Documentation required	Complete Sections **B and F**
☐ Limited Liability Company (LLC)	Secretary of State Documentation required	Complete Sections **C and F**
☐ Partnership – Not Incorporated	Partnership Documentation required	Complete Sections **D and F**
☑ Government/Non-Profit ☐ Organization	e.g. School Board, Local Government, Parks and Recreation, Faith Based	Complete Sections **E and F**

SECTION A: SOLE PROPRIETOR – NOT INCORPORATED (Special Instructions : One owner – Copy of Photo ID or Birth Certificate Required)

Name (First Middle and or Maiden Last):		
Date of Birth:	Social Security Number:	FEIN (if applicable):
Home Address:		Telephone Number ( )
City:	State:	Zip Code:

SECTION B: CORPORATION Special Instructions: Preliminary Applications for child care licensure require the following be attached: **Articles of Incorporation,** which include the names, address, and telephone number for each member of the Board of Directors. Also attach the name and telephone # of the corporation's registered agent. **For RENEWAL applications** for child care licensure attach a current copy of the Certificate of Existence or Authorization from the Kentucky Secretary of State.

Name of Corporation:		Organization #:	
Address of Corporation:		Incorporated in which State?	
FEIN (If applicable):	If out of state, is the corporation registered in the State of Kentucky? **Yes** ☐ **No** ☐ If no, please register prior to submitting an application		
City:	State:	Zip Code:	Telephone Number (including area code): ( )
Designated Corporate Representative/Contact Person:		Date of Birth:	Social Security Number:
Home Address:	City:	State:	Zip Code:

SECTION C: LIMITED LIABILITY COMPANY/LLC (Special Instructions: Preliminary Applications for child care licensure require the following be attached: **Articles of Organization,** which include the names, address, and telephone number for each manager and member. Also attach the name and telephone number of the limited liability company's registered agent. **For RENEWAL applications** for child care licensure attach a current copy of the Certificate of Existence or Authorization from the Kentucky Secretary of State)

Name of Limited Liability Company:		Organization #:	
Address of Limited Liability Company:		Incorporated in which State?	
FEIN (If applicable):	If out of state, is the corporation registered in the State of Kentucky? **Yes** ☐ **No** ☐ If no, please register prior to submitting an application		
City:	State:	Zip Code:	Telephone Number (including area code): ( )
Designated Corporate Representative/Contact Person:		Date of Birth:	Social Security Number:
Home Address:	City:	State:	Zip Code:

SECTION D: PARTNERSHIP – NOT INCORPORATED (Special Instructions : Attach a copy of the Partnership Agreement annually & Attach additional sheets as applicable if more than two partners) – Copy of Photo ID or Birth Certificate Required

Partner #1 (First Middle (Maiden) Last Name):			
Date of Birth:	Social Security Number:		
Home Address (Street Address):	City:	State:	Zip Code:
Telephone Number (including area code): ( )	FEIN (If applicable):		
Partner #2 (First Middle (Maiden) Last Name):			
Date of Birth:	Social Security Number:		
Home Address (Street Address):	Telephone Number (including area code): ( )		
City:	State:	Zip Code:	

SECTION E: OTHER ENTITY- NOT INCORPORATED (Governments, Organizations, etc.)
(Special Instructions : These types of programs could be operated by School Board, Local Government, Parks and Recreation, Faith Based and other non-incorporated entities)

Name of Entity: Boone County Schools	FEIN (If applicable): Tax ID #61-6001252		
Entity's Designated Representative/Contact Person (First Middle (Maiden) Last Name): James Brewer (school Principal) / Randy Poe			
Address of Entity (Street Address): 3300 Cougar Path	Telephone Number (including area code): (859) 334-4410		
City: Hebron	State: KY	Zip Code: 41048	

SECTION F: DIRECTOR INFORMATION –To be completed by all applicants

Name (First Middle (Maiden) Last): Kimberly Ann (Imfeld) Bell			
Date of Birth (must be 21 years old or older): 7/5/58	Social Security Number:		
Home Address: 5571 Limaburg Creek Road	City: Florence	State: KY	Zip Code: 41042
Telephone Number (859) 393-4899	Qualifying Documentation – Must be submitted with application: 1. Educational (Diploma, Degree, CDA, or Director Credential) 2. TB results/health professional statement 3. Completed Criminal Record 4. Completed Central Registry Check 5. 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)		

SECTION 3: ATTESTATION (To be completed by all applicants)

Has the licensee, applicant or director ever had ownership interest in a facility which had its license, certification or registration denied, revoked, or suspended or been issued a civil penalty?

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

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?

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

Have you or anyone associated with this application held a child care license or family child care home certification?

□ Yes ☑ No If yes, where, which type – license or certification; what was the provider number (CLR) _____; and under what name? _____

Does the applicant for licensure have ownership interest in a child care center or family child care home that is currently suspended, revoked, disqualified, 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

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

Pursuant to 922 KAR 2:110 Section 6(4), I understand that I am required to immediately notify the Office of the Inspector General of any action or change that significantly impacts the operation of this child care center.

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 center and the records required by 922 KAR 2:090 and 2:110. 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 truthful and correct under penalty of perjury. This application may be withdrawn at any time the applicant so desires.

_____ 11/12/15

Signature of Owner or Designated Representative **Date**

Person completing application if other than Owner or Designated Representative

Name: (Please Print)
Kim Bell
Telephone number including area code:
(859) 393-4899

This application must be accompanied by a certified check or money order made payable to the "Kentucky State Treasurer" for the following amounts:

CHILD CARE AWARE
NOV 17 2015
COMPLETED

Preliminary Application - fifty dollars **($50.00 non-refundable)**
Renewal Application – twenty-five dollars **($25.00 non-refundable)**
Change of Ownership – fifty dollars **($50.00 non-refundable)**
Other Changes or revisions – no fee required

Mail the certified check or money order to:

Office of the Inspector General - Division of Regulated Child Care
275 E. Main Street, 5 E-F, Frankfort, KY 40621-0001

Do Not Write Below this Line – Official Use Only

Date Fee Received:	Amount:	Check/MO Number:	Received By Signature/Initials:	CLR Number :

Sexual Offender Address Cross-Reference	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: □ Yes □ No