

Date Fee Received:	Amount:	Check/MO Number:	Staff Initials:	Expiration Month/Year:
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OIG-DRCC-06
8/2018
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 RENEWAL FORM

Instructions: All information on this form must be true and correct. Complete this form in its entirety. An incomplete renewal form will not be processed. Please contact the Division of Regulated Child Care if you have any questions.

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

Name of Center as it is to appear on license:

Conner Child Development Center

License Number: L356 895

Telephone Number: (859) 334-4410

Alternate Telephone Number:

Center Email Address:

Kim.bell@boone.kyschools.us

Do you participate in the USDA food program?
☐ Yes ☒ NoDo you provide "Early Head Start" programming? ☐ Yes ☒ NoDo you provide "Head Start" programming? ☐ Yes ☒ No

SECTION 2: Please use the back of this form to explain any questions to which you responded "yes" in this section.

1. Have you changed the FEIN number since you filed your last application or renewal form? ☐ Yes ☒ No
2. Have you changed the mailing address? ☐ Yes ☒ No
3. Have you changed the hours of operation or services since you filed your last application or renewal form? ☐ Yes ☒ No
4. Have you altered the square footage of your licensed space? ☐ Yes ☒ No
5. Have you changed the director since you filed your last application or renewal form? ☐ Yes ☒ No
6. Have you designated a different lead representative/contact person since you filed your last application or renewal form? ☐ Yes ☒ No
If yes, please provide their name, title, home address, city, state, zip code, county of residence, email address, social security number, date of birth, home telephone number and cell/mobile number on back of form. Also please attach the National Background Check Program findings for the individual.
7. For a Type II facility, have the number of adults changed in your home? ☐ Yes ☐ No
8. For a licensee, have the members or Board of Directors of the company or partnership changed? ☐ Yes ☒ No
If yes, please list the name, address and telephone number of anyone who will provide supervision to a child in care.

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, child-care center or any other location.

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

I hereby attest that the information contained in this application is truthful and correct under penalty of perjury.

Signature of Licensee or Lead Representative

Title

Date

Print Full Name

Person completing application if other than Licensee or Lead Representative

Name: (Print)

Kim Bell

Telephone number:

(859) 393-4899

This renewal form 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 \$25.00. Please ensure copies of any required documentation are attached and mail to:
Division of Regulated Child Care
275 E. Main Street, 5 E-F
Frankfort, KY 40621