CCL 25R
Issued 06/11

LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DIVISION OF PROGRAMS
LICENSING SECTION
P.O. BOX 3078, BATON ROUGE, LA 70821
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)	**(Check One Only)**	**(Check All Appropriate)**
☐ Initial Application	☐ Class "A"	☐ Change of Ownership
☐ Renewal Application for License #:	☐ Class "B"	☐ 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 REQUIRED

Documentation of satisfactory criminal background checks must be attached on all owners, directors and director designees 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**

Choose one or more subprogram(s) of:

- ☐ ***Foster Care Services***
- ☐ ***Adoption Services***
- ☐ ***Transitional Placing Services***

☐ **Maternity Home**

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 and **facility's director designee** – the individual appointed by the director to act in lieu of the director when the director is not an on-site staff person at the licensed location.

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 (Examples are Mr., Mrs., Ms., Rev. Sr., Pastor. Other titles not listed here are acceptable.) | First Name | Middle Name | Last Name

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. DIRECTOR DESIGNEE

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

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

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 Designee:

9. PERSONAL CHARACTER REFERENCES FOR DIRECTOR/DIRECTOR DESIGNEE

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

PERSONAL CHARACTER REFERENCES FOR DIRECTOR

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

PERSONAL CHARACTER REFERENCES FOR DIRECTOR DESIGNEE		
Name	**Mailing Address (including zip code)**	**Phone Number**
		( ) -
		( ) -
		( ) -

10. FUNDING SOURCE (Check all that apply)

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

11. FACILITY OPERATIONS

Licensed Capacity (Proposed, if new facility):
Number of Buildings Used by Children:

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)

Day of Week	Begin Time				End Time		
☐ Monday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Tuesday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Wednesday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Thursday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Friday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Saturday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm
☐ Sunday	_____	☐ am	☐ pm	TO	_____	☐ am	☐ pm

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

12. 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 ☐	**No** ☐	**1.** Has the owner, director, or any staff ever been convicted of, or pled guilty or *nolo contendere* 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 ☐	**No** ☐	**2.** Has the owner, director, or any staff ever been convicted of, or pled guilty or *nolo contendere* 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 ☐	**No** ☐	**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 ☐	**No** ☐	**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 ☐	**No** ☐	**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 ☐	**No** ☐	**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 ☐	**No** ☐	**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 ☐	**No** ☐	**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: