



CORRECTIONAL PLACEMENT RESIDENCE LICENSE APPLICATION PROCESS

CITY LICENSE
(316) 268-4553

Overview

Effective January 1, 1997, the City of Wichita required that all correctional placement residences (CPRs) located within the City of Wichita be licensed on an annual basis. CPRs include any residential facility for individuals or offenders which provides residential and/or rehabilitation services for those who reside or have been placed in such facilities due to any one of the following reasons: (1) prior to, or instead of, being sent to prison; (2) received a conditional release prior to a hearing; (3) as part of a local sentence of not more than one year; (4) at or near the end of a prison sentence, such as a state operated or franchised work release program, or a privately operated facility housing parolees; (5) received a deferred sentence and placed in facilities operated by community corrections; or (6) require court-ordered guidance services for alcohol or chemical dependence. CPRs operated by a unit of government are not subject to the provisions of licensing, but are used for purposes of calculating spacing requirements between CPRs.

A Wichita/Sedwick County Correctional Housing Board has been created to regulate CPR licensing and to advise the City Council on other issues as deemed appropriate. A Regulatory Committee comprised of membership from the Wichita/Sedgwick County Correctional Housing Board will conduct regularly-scheduled monthly meetings to hear and act upon appeals from the granting or denial of a license, interpretation of licensing prerequisites, or to revoke licenses for cause after notice and hearing.

A critical component to licensing and continued operation of facilities will be the completion of an annual program audit by an City-approved auditor. Such audit will assure that all required program and licensing requirements are being met. Fees for audits will be paid by the licensee.

Basic Requirements for Licensing

Listed below are the basic minimum requirements for initial and annual licensing of any existing, expanded or new CPR facility.

Application Requirements:

Completion and submittal of the City of Wichita Correctional Placement Residence License Application, along with a \$150 licensing fee, to the Office of the City Treasurer, City Hall 12th floor, 455 N. Main Street, Wichita, KS 67202. Half of the \$150 license fee may be refunded to the applicant if the license application is ultimately denied. The license application must be filled out in its entirety and will also include the following attachments/documentation to be provided by the applicant:

- (1) a written program of services, which program will be subject to an annual audit;
- (2) proof of general liability insurance on the facility, naming the City as an additional insured (for amounts and other detail, see attached "Minimum Standards");
- (3) proof of ADAS license or substantial equivalent if such is required for the program offered or to be offered at the facility;
- (4) other information as may be required to determine compliance with the requirements for licensing.

Detailed reviews and application approvals/sign-offs must be performed prior to final license application approval by: the Office of Central Inspection (zoning and building/minimum housing code standards); Wichita Fire Department (life- safety and fire code); Wichita Police Department (criminal record checks); the Wichita/Sedgwick County Health Department (sanitation and food preparation); and the authorized correctional placement residence program auditor.

Zoning Requirements:

Any correctional placement residence must be located in an appropriately zoned land-use district. **New CPRs cannot be located closer than 1,200 feet to any other existing correctional placement residence, regardless of the zoning district in which the facility is to be located.**

For CPRs in existence prior to January 1, 1997, the CPR license applicant shall bear the burden of proving that the CPR use was indeed a legal zoning use prior to January 1, 1997, and that the existing CPR would qualify for any allowed exemption/s from current Unified Zoning Code requirements. Proof of legal zoning use **does not** exempt an existing CPR from licensing requirements.

The Wichita/Sedgwick County Unified Zoning Code separates correctional placement residences into two distinct size categories, "limited" or "general." "Limited" facilities are occupied by 3 to 15 individuals, including staff members who reside in the facility. "General" facilities are occupied by more than 15 individuals, including staff members who reside in the facility.

"Limited" facilities are permitted "by right" in the following zoning districts: General Office, Neighborhood Retail, Light Commercial, General Commercial, Central Business District, Limited Industrial, and General Industrial. "Limited" facilities are allowed by a "conditional use permit" (approved by the Metropolitan Area Planning Commission and, in certain cases, by the City Council) in Neighborhood Office zoning districts. "Conditional use permit" requests are applied for through the Metropolitan Area Planning Department.

"General" facilities are permitted "by right" in the following zoning districts: General Office, Light Commercial, General Commercial, Central Business District, Limited Industrial, and General Industrial.

PLEASE NOTE: Any facility, even if allowed "by right," must obtain a "conditional use permit" if the facility is located within 750 feet of any residential zoning district.

Inspection Requirements:

Before license application approval, a fire, life-safety, building/housing code standards and health standards inspection must be arranged and completed through the City's Office of Central Inspection. For new or expanded facilities, a license application is considered "pending" and unapproved until all noted violations are corrected and approved by appropriate City inspection staff. For existing facilities, all noted violations must be corrected and approved by appropriate City inspection staff within 90 days, or the license application is denied.

Criminal Record Check Requirements:

Facility owners, operators and/or managers must be listed and detailed on the license application. The Wichita Police Department must perform a criminal record check on all owners, operators and/or managers prior to license approval. To pass the criminal record check, these individuals must not: (1) currently be under court supervisions or have a felony case pending; or (2) have been convicted of five (5) or more misdemeanor cases in the five (5) year period immediately preceding the application date; or (3) have been convicted of, or have been on court-ordered supervision or parole for, any felony violation for the five (5) year period immediately preceding the date of the license application; or (4) have been convicted of any felony violation involving sex offenses or child molestation.

In addition, correctional placement residences must have established a personnel policy which prohibits employment of paid or unpaid persons who: (1) have been convicted of any violation involving sex offenses or child molestation; or (2) have felony charges pending; or (3) are currently under supervision of federal or state court, and must agree to notify neighborhood residents in a manner established by the Correctional Housing Board whenever the facility houses clients convicted of a sexual or child molestation offense.

Program Audit Requirements:

Prior to final approval of any license application (new or renewal), the license applicant must submit a completed program audit, performed by a program auditor hired or contracted by the City to conduct such audits. The program audit will assure that all

“Minimum Standards” (as set forth on the attached “Correctional Placement Residence - Minimum Standards” outline) are met by the provider, and will be submitted in a form approved by the Wichita/Sedgwick County Correctional Housing Board.

The license applicant will be responsible for all fees associated with performance and completion of the program audit.

Before final approval of the license application, the City-authorized program auditor must sign off on the license application, indicating that all “minimum standards” and program audit requirements have been met.

Steps for Obtaining a License

- Submit completed license application with required attachments and the \$150 license application fee to the City of Wichita Treasury Office, Express Office, City Hall 12th floor, 455 N. Main Street, Wichita, Kansas 67202. The City of Wichita License section phone number is 268-4553.

Make sure the facility is appropriately zoned. Although a zoning check/certification will be performed as part of the license approval process, it is critical that the owner or operator of proposed facility assure that the proposed facility is located in an appropriate zoning district **BEFORE** a facility is purchased or leased. This may mean that a zoning check should be conducted **PRIOR TO** license submittal. Zoning checks/certifications may be requested in writing at any time through the Office of Central Inspection, 455 N. Main Street, Wichita, KS 67202, or by calling the OCI Zoning Section at 268-4479.

If a “conditional use permit” or zoning district change is required due to the facility’s proposed location, a “conditional use permit” or zone change request must be applied for through the Metropolitan Area Planning Department, located on the 10th floor of City Hall. The conditional use permit or zoning change approval/denial process generally takes 60-90 days from the date of application submittal.

- Arrange for inspection of the proposed facility by the Office of Central Inspection, Fire Department and Health Department. Inspections should be arranged through the Office of Central Inspection (OCI) Zoning Section. OCI is located on the 7th floor of City Hall. The OCI Zoning Section phone number is 268-4479. Applicants should allow a minimum of 3 working days between the time of the inspection request and the actual on-site inspection. A listing of all required code correction items will be issued to the license applicant within 3 working days after completion of the facility inspection.
- Initiate and contract for the required program audit, to be performed by a City-approved auditor hired or contracted by the City for this purpose. Approved auditor information may be obtained from either the License Section or OCI.
- Make all program modifications as required by the program audit and/or the Correctional Housing Board. Before final approval of any new license or license renewal, the approved City auditor must complete the audit and sign-off on the license application.
- Make all required building, life-safety, fire and/or health code corrections to the facility as required by the on-site inspection. For new facilities, the application will be considered “pending” until all corrections have been made. For existing facilities, corrections must be made within 90 days of the application date or the application will be denied. All appropriate regulatory agencies (including Police, OCI, Fire, Health and the Program Auditor) must sign the application form before approval.



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Licensure Timing

- 1997 licensure begins on March 1, 1997. All existing Correctional Placement Residence Facilities will have up to 90 days from March 1, 1997 (or until May 31, 1997) to complete their initial license application approval process, **INCLUDING** correction/completion of all zoning, building, fire, health and program audit requirements. After May 31, 1997, any existing facility which has not been licensed will be considered to be an illegal Correctional Placement Residence Facility and will be subject to appropriate legal action by the City.

Failure to obtain a license by May 31, 1997, may preclude licensing due to inadequate distance separation* to other legally licensed facilities, or may force the facility to shut down until such time as appropriate zoning, building, fire and/or health corrections are made, and/or until a satisfactory program audit is completed and approved by the City's program auditor.

If an existing facility opened after 10/18/96, the distance separation requirements for licensing shall be applied.

- Proposed new facilities may apply for licensure at any time during the year. All licensing requirements must be met and the license fully approved before any use or occupancy of any new facility.
- Licenses are granted for a one-year period from the date of approval and grant of the license. Application for license renewal must be made annually before the date of annual license expiration, but not more than 60 days prior to the date of license expiration. Annual license renewal notices/applications will be mailed annually by the City to all licensed facilities, approximately 60-90 days prior to the annual license expiration date.

For license renewals, facilities must comply with all of the requirements for licensing, including arrangement of all required inspections/corrections and the completed program audit within 60 days of the date of notice of renewal.

CORRECTIONAL PLACEMENT RESIDENCE – MINIMUM STANDARDS

Every correctional placement residence facility must meet minimum standards that define operational practices and services provided before a license is granted. These standards, as may be further described by the Correctional Housing Board, shall include:

- 1) General liability insurance must be carried on the licensed premises, naming the licensor (City or County) as an additional insured. The amount of insurance coverage will be at least \$100,000 for each resident for which the facility is licensed up to \$5 million, but not less than \$1 million. In addition, workers' compensation coverage will be maintained in amounts required by law.
- 2) The facility is in compliance with all applicable zoning ordinances, or is attempting to comply with, or change such laws, codes, or zoning ordinances through legal means.
- 3) The building conforms to applicable building codes.
- 4) The facility is in compliance with the sanitation and health codes of the applicable government's jurisdiction.
- 5) Written policy and procedure specify the facility's fire prevention regulations and practices to ensure the safety of staff, clients and visitors. These include, but are not limited to:
 - A) Provisions for an adequate fire protection service;
 - B) A system of fire inspections and testing of equipment at least quarterly;
 - C) An annual inspection by local fire officials or other qualified person(s);
 - D) Availability of fire protection equipment at appropriate locations throughout the facility.
- 6) When food service is provided at the facility, it complies with all sanitation and health codes enacted by state or local authorities.
- 7) The license holder documents communications with other components of the criminal justice system, especially those with the referring and/or supervising authority, to promote the furtherance of public welfare and safety.
- 8) Provide proof of ADAS licensing if the facility is providing substance abuse treatment.
- 9) Each resident is provided with a sleeping area that includes, at a minimum: bed, mattress, pillow, supply of bed linen, chair and locked storage space for personal belongings.
- 10) Written policy and procedure for the issuance of clean, usable bedding, linen, and towels to new residents, with the provision for exchange or laundering on at least a weekly basis.
- 11) The staffing pattern of the facility concentrates staff at the times when most residents are in the facility.
- 12) At least one paid or unpaid staff person who meets the criminal record requirements for employees is on the facility premises available and responsive to the residents' needs 24 hours a day.
- 13) Written policy prohibits any resident from being in a position of control or authority over other residents.
- 14) There is a written procedure reviewed annually and updated as necessary for the prevention, detection and pursuit of absconders. As well as providing services to the resident, the facility has a responsibility for the safety of the community. The procedure should provide for prompt reporting of the situation to appropriate authorities.
- 15) In accordance with written policy and procedure, the staff monitors movements of residents into and out of the facility.
- 16) The license holder has a written procedure and a system of accounting for the whereabouts of the residents, sign-in and sign-out procedures, and procedures for locating and verifying the presence of residents, such as requiring them to leave a telephone

number and/or location at which they may be reached when not in the facility.

- 17) The owner, manager and/or operator and supervisory staff must pass the criminal record check requirements.
- 18) The license holder has an operations manual which specifies approved methods of implementing the license holder's policies, provides details for daily operations, and is available to all staff and volunteers.
- 19) Each resident receives a copy of the policy stating program rules and regulations, including disciplinary procedures available to staff, which the resident reads, signs and dates.
- 20) All program rules and regulations pertaining to residents are conspicuously posted in the facility.
- 21) Written policy and procedures provide for a grievance process for residents. This grievance is transmitted without alteration, interference, or delay to the party responsible for receiving and investigating it. A written report as to the final disposition of the grievance should be prepared and filed in the resident's case record. The resident should also receive a copy of the final report.
- 22) Written policy and procedure govern the removal of any resident from the program at the facility.
- 23) Written policy and procedures govern the facility's reimbursement by residents.
- 24) Written policy and procedure prohibit the use of personal abuse and corporal punishment.
- 25) The license holder maintains a case record for each person who receives services.
- 26) The facility is located within one mile of public transportation, or other means of transportation if available.



FILE# _____

ZONING: _____

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CORRECTIONAL PLACEMENT RESIDENCE APPLICATION

PART 1: SITE INFORMATION

BUSINESS/SITE INFORMATION	
Name of Business:	
Number of Residential Buildings on Premises:	
Address/es of Correctional Placement Residence Facilities Site (if more than one residential building on the site, list address for each building, or general site address and building number for each building):	
1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
Legal Description of Correctional Placement Residence Facility Site:	
This Application is for: _____ New Facility _____ Existing Facility _____ Expanded Facility	
Maximum # of Staff to Reside at Correctional Placement Residence Facility Site: _____	
Maximum # of Staff to Reside in Each Residential Building on the Premises:	
1. _____	2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Maximum # of Clients to Reside in the Correctional Placement Residence Site: _____	
Maximum # of Clients to Reside in Each Residential Building on the Premises:	
1. _____	2. _____ 3. _____ 4. _____ 5. _____ 6. _____

PART 2: OWNER, OPERATOR AND MANAGER INFORMATION

Information must be provided for all business owners, operators and/or managers. If there are additional owners, operators, managers and/or corporate or partnership officers, please provide on a separate attachment the same detailed information as required in the below boxes.

OWNER INFORMATION	
Owner 1 Name_____	Owner 1 Alias/Maiden Name_____
Owner 1 Residential Address_____	
Owner 1 Home Phone_____	Owner 1 Work Phone_____
Owner 1 Date of Birth_____	Owner 1 City & State of Birth_____
OWNER 2 INFORMATION	
Owner 2 Name_____	Owner 2 Alias/Maiden Name_____
Owner 2 Residential Address_____	
Owner 2 Home Phone_____	Owner 2 Work Phone_____
Owner 2 Date of Birth_____	Owner 2 City & State of Birth_____

OPERATOR/MANAGER INFORMATION	
Oper/Mgr 1 Name_____	Oper/Mgr 1 Alias/Maiden Name_____
Oper/Mgr 1 Residential Address_____	
Oper/Mgr 1 Home Phone_____	Oper/Mgr 1 Work Phone_____
Oper/Mgr 1 Date of Birth_____	Oper/Mgr 1 City & State of Birth_____
OPER/MGR 2 INFORMATION	
Oper/Mgr 2 Name_____	Oper/Mgr 2 Alias/Maiden Name_____
Oper/Mgr 2 Residential Address_____	
Oper/Mgr 2 Home Phone_____	Oper/Mgr. Work Phone_____
Oper/Mgr 2 Date of Birth_____	Oper/Mgr 2 City & State of Birth_____

PART 2 - CONTINUED

CORPORATION (IF APPLICABLE)	
Name of corporation as shown in articles of incorporation or charter	
State of incorporation	
Date of incorporation	

Please provide the following information for all current corporate officers, directors, and each stockholder holding more than five percent (5%) of stock in the corporation. If more space is needed, use blank sheets to answer each question.

Name		Alias/Maiden Name	
Residential Address		Phone	
Date of Birth		City & State of Birth	

PARTNERSHIP (IF APPLICABLE)			
If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership. If one of the partners is a corporation, complete the Corporation section above. If not, complete the following information for each partner, including all limited partners. If more space is needed, use blank sheets to answer each question.			
Name		Alias/Maiden Name	
Residential Address		Phone	
Date of Birth		City & State of Birth	

PART 3: AFFIRMATIONS AND RELATED QUESTIONS

1. Do any of the persons listed above or on subsequent pages meet any one of the following conditions?

- (1) Currently under supervision or have a felony case pending? or
- (2) Been convicted of five (5) or more misdemeanor cases in the five (5) year period immediately preceding the application date? or
- (3) Been convicted of, or have been on court ordered supervision or parole for, any felony violation for the five (5) year period immediately preceding the date of application? or
- (4) Been convicted of any felony violation involving sex offenses or child molestation?

_____ Yes _____ No

PART 3 - CONTINUED

2. Have you ever been refused any similar license or permit or had a similar license revoked?

_____ Yes _____ No

If so, what was the business name and location (City/State)

Business Name _____ City _____ State _____

Will the facility be providing substance abuse treatment/counseling? _____ Yes _____ No

If yes, please attach copies/proof of ADAS licensing or substantial equivalent.

PART 4: ADDITIONAL ATTACHMENTS TO BE PROVIDED WITH THIS APPLICATION

1. A written program description of services, which will be subject to program audit. Technical assistance will be provided by the Alternative Correctional Housing Board and/or Program Auditor.
2. Description of types of populations to be served (felonies and misdemeanors).

PART 5: ADDITIONAL INFORMATION TO BE PROVIDED PRIOR TO APPLICATION APPROVAL

1. Proof of minimum liability insurance coverage on the facility and premises. The amount of insurance coverage will be at least \$100,000 for each resident for which the facility is to be licensed up to \$5 million, but not less than \$1 million, with the City of Wichita named as an additional insured. Also proof of worker's compensation coverage as required by Kansas law, or submission of an affidavit of exemption from worker's compensation requirements.

2. Approval of a program audit performed by an auditor authorized by the City to perform correctional placement residence licensing program audits.

PART 6: SWORN STATEMENT

I, _____, the above-named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations set out in Chapter 20.08.060 of the City Code of Wichita. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita.

I, _____, the above-named applicant, also agree to notify neighborhood residents in a manner established by the Correctional Housing Board whenever the licensed facility houses clients convicted of a sexual offense or child molestation offense.

_____ Date: _____
Signature of Applicant

_____ My appointment expires on the ____ day of _____ 19 ____
Notary Public

THIS SECTION FOR OFFICIAL USE ONLY

FILE # _____

DATE APPLICATION RECEIVED: _____

	APPROVED	DISAPPROVED	DATE
OCI - ZONING	Zoning:	Zoning:	
OCI - BLDG./HSNG.			
HEALTH DEPT.			
POLICE DEPT.			
FIRE DEPT.			
PROGRAM AUDITOR			
CITY CLERK			