Kansas Department of Health and Environment Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612 -1274 Child Care Program: (785) 296 -1270 Fax: (785) 559-4244 Email: kdhe.cclr@ks.gov Website: www.kdheks.gov/kidsnet

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BACKGROUND AND REGISTRY CHECKS FOR CHILD CARE FACILITIES

	or conservator or	Been found to be a disabled person in need of a guardian or conservator or both?
	exual offense?	Signed a diversion agreement involving child abuse or a sexual offense?
		Had parental rights terminated?
	need of care based on ct or sexual abuse?	Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?
	or sexual abuse as	Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?
	res registration as sex	Has been convicted of or adjudicated of a crime that requires registration as sex offender?
	be) a juvenile	Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?
		Has been convicted of arson?
	tances act?	Had a felony conviction under the uniform controlled substances act?
	elony, a sexual	Has been convicted of a person misdemeanor, a person felony, a sexual offense, or a crime affecting family relationships and children?
erson Date Court of Action, County and State		
uestion below, please complete the information for the individual.	r each individual listed on this form. If yes to any ques	Please review the questions below for each individual listed on this form.
 ■ RENEWAL FACILITY APPLICATION ■ Submit as part of the renewal application for the facility license. ■ List ALL individuals at least 10 years of age and older who are living, working or volunteering in the facility. ■ Use form CCL 002a to update the role for EACH individual 	 ADDING, UPDATING ROLE OR REMOVING PERSON(S) For use outside of renewal time. Adding new individual(s) living, working or volunteering; Update a role change for an individual(s); Remove an individual(s) that are no longer living, working or volunteering in the facility. 	 □ INITIAL FACILITY APPLICATION For a new facility, change of address, change of program type or change of ownership. List ALL individuals at least 10 years of age and older who are living, working or volunteering in the facility.
ed for: (CHECK ONLY ONE OPTION BELOW)	This request for background and registry checks is being submitted for: (CHECK ONLY ONE OPTION BELOW)	
The information provided on this form is to include: yourself; all individual(s) who are working or volunteering in the facility and all other individual(s) whose activities involve either supervised or unsupervised access to children; and all individual(s) at least 10 years of age and older who are residing in the facility. DO NOT include children or youth for whom you provide services.	e: yourself; all individual(s) who are working or volun individual(s) at least 10 years of age and older who	The information provided on this form is to include supervised or unsupervised access to children; and all provide services.
Facility Email Address Little hands 0 amail . com	Facility Phone Number	Facility Contact Person (First and Last Name)
2ip Code (010434	1	
License Expiration Date (MM/DD/YYYY) Today's Date (MM/DD/YYYY)	E License #	Facility Name exactly AS STATED ON THE LICENSE
Child Care Center Preschool Drop-In Program Child Care Resource & Referral Agency	Group Day Care Home School Age Program	Program Type: Licensed Day Care Home Head Start Center
• If a person does not have a Maiden or Other name, write N/A • INCOMPLETE FORMS WILL BE RETURNED	Complete both sides of this form • Clearly PRINT or TYPE all information For additional affiliates, make copies of the back page and attach all copies to this page	• For additional affiliates, make copic

ADD UPDATE REMOVE RENEWAL	ADD UPDATE REMOVE	ADD ADD UPDATE REMOVE RENEWAL
* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles) * Last Name * * Maiden/Other Name(s) * Race* (Circle Only One Below) Asian/Pacific Island White/Mexican/Other Caucasian Black Indian (AM/CAN/AK/ALUET/ESK) * Race* (Circle Only One Below) Hawaiian/Part Hawaiian Filipino Japanese Other Non-White * Phone Number * Email	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles) * Race* (Circle Only One Below) Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian (AM/CAN/AK/ALUET/ESK) * Race* Hawaiian/Part Hawaiian Black Chinese Chinese Email * Last Name* * Chinese * Chinese Chinese Email	### PACIFICAL AND THE LICENSE #### ALL REQUIRED FIELDS ARE IDENTIFIED WITH AN ASTERISK (*) #### CONTROL OF THE LICENSE #### ALL REQUIRED FIELDS ARE IDENTIFIED WITH AN ASTERISK (*) #### ** Role * #### COL 002a - Affiliate Roles #### Coles #### Assian/Pacific Island White/Mexican/Other Name(s) Asian/Pacific Island White/Mexican/Other Caucasian Black Indian (AM/CAN/AK/ALUET/ESK) #### Phone Number ##### Colice Only One Below) ###################################
* Date of Birth * (MM/DD/YYYY) * Other states lived in within the last 5 years *	* Date of Birth * * Date of Birth * (MM/DD/YYYY) * Other states lived in within the last 5 years *	License # COTTON PLEASE PRINT CLEARLY INC t Name * * Date of Birth * ber * Date of Birth * (MM/DD/YYYY) * Other states lived in within the last 5 years *
* Gender * * Hispanic/Latino? * (Circle One) * Hispanic/Latino? * (Circle One) *	* Gender * (Circle One) (Sr., Jr., II) Female or Male Yes or No * Current Address, City, State, Zip Code * (No PO Box – only physical address accepted)	MPLETE FORMS WILL BE RETURNED * Gender * (Circle One) Female or Male * Current Address, City, State, Zip Code * (No PO Box - only physical address accepted)