



Strong Families Make a Strong Kansas

# Unregulated Child Care Provider Enrollment

Thank you for your interest in becoming a DCF child care provider for families who may be eligible for DCF Child Care Assistance. This enrollment is used for child care providers who are not regulated by the Kansas Department of Health and Environment (KDHE). DCF must take certain steps in order to ensure the health and safety of children in your care who are funded through the child care assistance program. Prior to completing the enrollment, read and make sure you understand the DCF Child Care Provider Handbook.

Please return completed enrollment to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return by: \_\_\_\_\_

**Please note:**

- **If you are exempt from KDHE licensing, you must attach verification of KDHE Exempt Status. If your program site is not located at a school attendance center, Fire Inspection Documentation is required.**
- **All other Unregulated Provider types must attach Standards set by sponsoring state or agency.**

## DCF UNREGULATED CHILD CARE PROVIDER APPLICATION

### Section 1:

**Facility Information:**

Name of Facility: \_\_\_\_\_ Director: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you exempt from licensing? \_\_\_\_\_ If licensed by another state or agency,

License number: \_\_\_\_\_ Date of license: \_\_\_\_\_

Headquarters (Complete this information only if you have more than one facility that is enrolled or enrolling with DCF):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Owner Information:**

Name (first, middle, last): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

SSN/EIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic/Latino? \_\_\_\_\_

Are you a high school graduate or do you have a GED? \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

**Rate Information:**

If you are a Licensed Day Care Home, how much do you charge?

Under 18 months: \_\_\_\_\_ Frequency: \_\_\_\_\_

18 months and over: \_\_\_\_\_ Frequency: \_\_\_\_\_

If you are a Child Care Center, how much do you charge?

Under 12 months: \_\_\_\_\_ Frequency: \_\_\_\_\_

13 months to 18 months: \_\_\_\_\_ Frequency: \_\_\_\_\_

19 months to 30 months: \_\_\_\_\_ Frequency: \_\_\_\_\_

31 months to 5 years: \_\_\_\_\_ Frequency: \_\_\_\_\_

6 years and over: \_\_\_\_\_ Frequency: \_\_\_\_\_

Do you charge an enrollment fee? \_\_\_\_\_ If so what is your fee? \$\_\_\_\_\_/child \$\_\_\_\_\_/family

Do you charge for a minimum daily rate? \_\_\_\_\_ If so, what is your minimum daily rate? \_\_\_\_\_

Do you charge for a minimum number of hours per day? \_\_\_\_\_ If so, how many hours do you charge for? \_\_\_\_\_

List days and hours of operation:

Monday – Friday: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Saturday: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Sunday: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

**Background Check:** Background checks are completed on all providers enrolling with DCF. DCF checks the name(s) of the provider and all persons age 10 or over who reside, work or regularly volunteer in a child care facility. Each person must pass a background check before the agreement is approved. A provider is not eligible to be approved if the names of any of these persons appear on the Child Abuse-Neglect Registry, the Adult Abuse, Neglect or Exploitation Registry or the Kansas Adult Supervised Population Electronic Repository (KASPER), or if any of them have felony convictions.

Please list all persons age 10 or over who reside, work or regularly volunteer in the child care facility, including the Owner and Substitutes. Attach an extra sheet if necessary. (Changes must be reported to child care provider enrollment staff.)

Role	Effective Date of Affiliation	Name (Last, First, Middle)	Maiden Name or Other Aliases	SSN	Date of Birth	Sex	Race	Hispanic/Latino (Y or N)

Has anyone who lives, works or volunteers regularly in your facility/home been convicted of a felony?

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If Yes, provide Name of Person, Date and Court of Action, County and State:

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Read the following statements and check if you agree:

\_\_\_\_\_ I/We declare, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

\_\_\_\_\_ I understand that the terms listed in the DCF provider handbook and child care provider agreement (including Section 9) are incorporated into my provider agreement with DCF and are legally binding. My signature on this application certifies that I have read and understand those terms and agree to them.

\_\_\_\_\_ I/We the undersigned are the person(s) named as the Applicant or the person(s) authorized to represent the owner listed above.

\_\_\_\_\_  
Print Provider Name

\_\_\_\_\_  
Print EES Designee Name

\_\_\_\_\_  
Provider Signature and Date

\_\_\_\_\_  
EES Designee Signature and Date

Submit this completed form along with the following documents:

- a signed Policy Statement on Discipline (form in handbook)
- verification of KDHE exempt status (if exempt)
- a copy of your license (if licensed by another state or agency)
- standards set by sponsoring state or agency (if licensed by another state or agency)
- Fire Inspection documentation (if not located at a school attendance center)

**FOR AGENCY USE ONLY:**

Agreement Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

County Code: \_\_\_\_\_ Provider ID: \_\_\_\_\_