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.)

<table>
<thead>
<tr>
<th>Role</th>
<th>Effective Date of Affiliation</th>
<th>Name (Last, First, Middle)</th>
<th>Maiden Name or Other Aliases</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Race</th>
<th>Hispanic/Latino (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

______________________________________________________

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

______________________________________________________

______________________________________________________

______________________________________________________
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: _________________________