



Unregulated Child Care Provider Application

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 application 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: _____

Owner Information:

Name (first, middle, last): _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____ Email: _____

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: _____

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: _____

Rate Information:

LICENSED CHILD CARE CENTER RATES:

AGE	AMOUNT	FREQUENCY
Infant 0-11 months		
Toddler 12-35 months		
Preschool 36-59 months		
School Age 60 months and older		

LICENSED CHILD CARE HOME RATES:

AGE	AMOUNT	FREQUENCY
Infant 0-17 months		
Toddler 18-35 months		
Preschool 36-59 months		
School Age 60 months and older		

Do you charge an Enrollment fee? _____

Enrollment fee/child: _____

Enrollment fee/family: _____

Do you charge a minimum daily rate? _____

If Yes, your minimum daily rate: _____

Do you charge a minimum number of hours/days? _____

If Yes, your minimum number of hours: _____

FACILITY OPERATION INFORMATION

___ All Year (Jan through Dec) ___ Summer Only (June through Aug)

___ School Year Only (Sept through May)

DAYS AND HOURS OF OPERATION

MONDAY	TUESDAY	WEDNESD	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Background Check: Background checks are completed on all providers enrolling with DCF. DCF checks the name(s) of the provider and all person's 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 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.)

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

Does anyone who lives, works or volunteers in your home/facility have felony convictions that have not been expunged?

YES NO EXPUNGED

If yes, provide name of person, date and court of action, county and state: _____

Please continue to the next page for statement review and signature

Read the following statements and check that 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.**

DCF Provider Permission to Release Information and Signature

My signature on this application authorizes employers, health care providers, EBT Contractor, and other financial institutions, insurance providers, benefit providers and other persons or agencies with knowledge of my circumstances to release to Kansas Department for Children and Families (DCF) any information, including, banking information and confidential information, necessary to administer to any program for which I applied or am contracted with, including, but not limited to, my provider agreement with DCF.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punishment by imprisonment, fine or both, and the offender may also be subject to prosecution under other applicable state and federal law.

My signature on this application certifies that I have read and understand these terms and agree to them.

Print Provider Name:

Provider Signature (Required)

Date (Required)

Submit this completed form along with a copy of your parent/provider contract or agreement and the Adult Abuse, Neglect, Exploitation Central Registry Release of Information for DCF Child Care Provider Enrollment filled out by all individual (s) 18 years or older who are living, working or volunteering in the facility.

This includes all other individual (s) whose activities involve either supervised or unsupervised access to children.

Additional Requested Forms to include:

- Signed Policy Statement on Discipline (form in handbook and attached to this application)
- Verification of KDHE exempt status (if exempt)
- 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)
- Verification of required health and safety training, annual training for all staff (16 hours) including 4 hours annually in health and safety.

FOR AGENCY USE ONLY:

Agreement Start Date: _____ End Date: _____

County Code: _____ Provider ID: _____

(DCF) Designee Printed Name: _____

(DCF) Designee Signature: _____ Date: _____

POLICY STATEMENT ON DISCIPLINE DCF Child Care Providers

The following are some examples of unacceptable forms of discipline:

Humiliating, frightening or physically harming a child;

Punishing, such as spanking (with the hand or any object), slapping, shaking, swatting, pulling hair, dunking, yanking the arm, or anything similar;

Making verbal remarks using sarcasm, put-downs, verbal cuts, derogatory remarks, any other verbal abuse, and threats about the child or the child's family;

Binding or tying to restrict movement, or enclosing in a confined space, such as a closet, locked room, furniture, box or cubicle;

Withholding or forcing foods or liquids; and/or

Placing substances that sting or burn on any of a child's body parts.

It shall be the policy of the Kansas Department for Children and Families (DCF) not to purchase or continue to purchase services from providers who use unacceptable forms of discipline.

Discipline is an essential part of child rearing, and when used positively it contributes to the healthy growth and development of a child. Positive discipline establishes acceptable patterns of behavior that promote behaviors beneficial to the child's development and welfare. It changes or eliminates behaviors that are injurious to the child's well-being. Positive discipline is encouraged as an important part of child rearing for children and youth for whom the DCF purchases and/or provides services and care.

Positive discipline, when used for purposes of guiding and teaching the child, provides to the child encouragement, a sense of satisfaction, and it helps the child understand the consequences of behavior. Effective, positive discipline imposes behavioral limits on the child that can provide a sense of security, a respect for order and enable the child to predict and understand surroundings. Positive discipline effectively enlists the child's help rather than locking the child and adult into a power struggle or adversarial, punishing relationship. Positive discipline promotes the child's discovery of those values that will be of the greatest benefit to the child, both now and in the future.

Provider's Signature

Date

Adult Abuse, Neglect, Exploitation Central Registry Release of Information for DCF Child Care Provider Enrollment

Please **PRINT ONLY**, except for the signature below.

I, _____, give permission for the release of information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry to: **DCF Child Care Provider Enrollment Unit.**

Maiden Name and/or Other Names Known By: _____

Address: _____, _____, _____, _____
(Street) (City) (State) (Zip Code)

DOB: _____ SSN: _____ SEX: M or F
(mm/dd/yyyy)

I understand that all information released will be for the exclusive and confidential use of the DCF Child Care Provider Enrollment Unit. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, & Exploitation Central Registry each year while I am a DCF Child Care Provider. Name of Provider _____ Yes No (Circle Yes or No)

Applicant Signature:

Must be an Ink Signature

Per KEESM 10035 #1:

DCF cannot enroll a person who is listed as a prohibited person in the Child Abuse/Neglect Central Registry or the Adult Abuse, Neglect, & Exploitation Central Registry and/or listed in [Kansas Adult Supervised Population Electronic Repository \(KASPER\)](#) as being convicted of a felony

<p>DCF Administration Use Only: Date Substantiated: _____</p> <p>Finding - Check all that apply:</p> <p>Abuse _____ Neglect _____</p> <p>Exploitation _____</p> <p>Fiduciary Abuse _____</p> <p>Financial Exploitation _____</p>
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