

WELCOME PAGE

Manage Affiliates

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Kansas Quality Care Resource Center: Child Care and Early Education Portal

Welcome to the Kansas Child Care and Early Education Portal. The purpose of this website is to offer Child Care Providers, Early Education Professionals and Kansas Families a one-stop location to review information, submit online applications directly to DCF and KDHE, and conveniently exchange information with both agencies.

Register or Log In
Register as a user to apply with KDHE and DCF to provide child care services.

User Login
User ID:*
Password:*
OK
Forgot Your Password?
Register as a User

Resources
[Search for Child Care in Kansas](#)
Use this link to be routed to the Kansas resource and referral website.
[Review Child Care Facility Compliance Information](#)
Use this link to view compliance information and licensing history for a child care facility.
[\(more KDHE info\)](#)

Returning user

First time user click here to register

Directions to Register for Currently Licensed Facilities

- Each authorized user will need to enter the KDHE provided Person or Organization ID and the facility seven-digit License Number (including the leading zeros). This information is unique to each owner.

Examples:

KDHE Person or ID:
License Number:

* Do not include the dash or digits listed after.

- An organization is provided a single Organization ID, regardless of the number of facilities owned.
- Registration is to be completed by the owner or an authorized representative.
- Once registered, you or your authorized representative will login using the User Id and Password you created.
- Remember to save and secure your user Id and Password for future use.

Register As A User

Kansas 100 YEARS PER ANNUM

Home Applications Facilities Log In/Out

Provider Application:

Provider Application

First Name:* Middle Name: Last Name:* Email:* Suffix:

User ID:* Password:* Verify Password:* Challenge Question:* Answer to Challenge Question:*

Use only these special characters ! @ # \$ % ^ & along with letters and/or numbers:
Use at least one upper case letter, one lower case letter, one number, and one special character ! @ # \$ % ^ & * (Choose a password with at least 8 characters):

Your Contact Information

Address:* City:* Zip Code:* Job Title:

Work Phone Number: Fax Number:

State:*

Is the facility currently licensed by KDHE?:*

Next Cancel

REMEMBER to save and secure your User Id and Password for future use.

If a new provider, Select No. If currently licensed and KDHE provided you with an ID number, select Yes.

Client and Provider Portal Home Page

Manage Affiliates

Select the link below to modify the facility affiliate list.

Kansas NO ALTRA PER ASPER

Home | Applications | Facilities | Help | Profile | Log In/Out

Welcome, Patty Groves! Monday, February 04, 2013

Apply to Provide Child Care Services in Kansas

KDHE Online Child Care Application
Use this link to begin a new or continue a saved application with KDHE. If you have not attended an orientation, contact your local child care surveyor. This application will also give you the opportunity to enroll with DCF.
[\(more KDHE info\)](#)

DCF Enrollment for KDHE Licensed Providers
Use this link to begin a new or continue a saved application for enrollment as a Regulated provider for families receiving DCF Child Care Subsidy.
[\(more DCF info\)](#)

DCF Enrollment for Unregulated Providers
Use this link to begin a new or continue a saved application if you are a facility not required to be licensed by KDHE.
[\(more DCF info\)](#)

DCF Enrollment for In-Home Providers
Use this link to begin a new or continue a saved application if you have been referred by an DCF staff member to provide child care in the home of a family eligible to receive child care benefits.
[\(more DCF info\)](#)

DCF Enrollment for Out-Of-Home Relative Providers
Use this link to begin a new or continue a saved application if you have been referred by an DCF staff member to provide child care to a relative eligible to receive child care benefits..
[\(more DCF info\)](#)

Existing Child Care Providers

Renew KDHE License and Manage My Affiliates
Use this link to Renew your License with KDHE, continue a saved KDHE Renewal Application, View or Modify your Affiliates.
[\(more KDHE info\)](#) [\(more DCF info\)](#)

Pay KDHE Fee/View My Applications
Use this link to: Submit payments or attachments, view and print submitted applications.

******* IMPORTANT *******

In order for you to complete the online application the computer you are using MUST have one of the following internet browsers:

- MS Windows 7 - must have Internet Explorer 8 (IE8)
- MS Vista - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)
- MS XP - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)
- MS XP Tablet - Internet Explorer 6 (IE6) and Internet Explorer 7 (IE7)

Resources

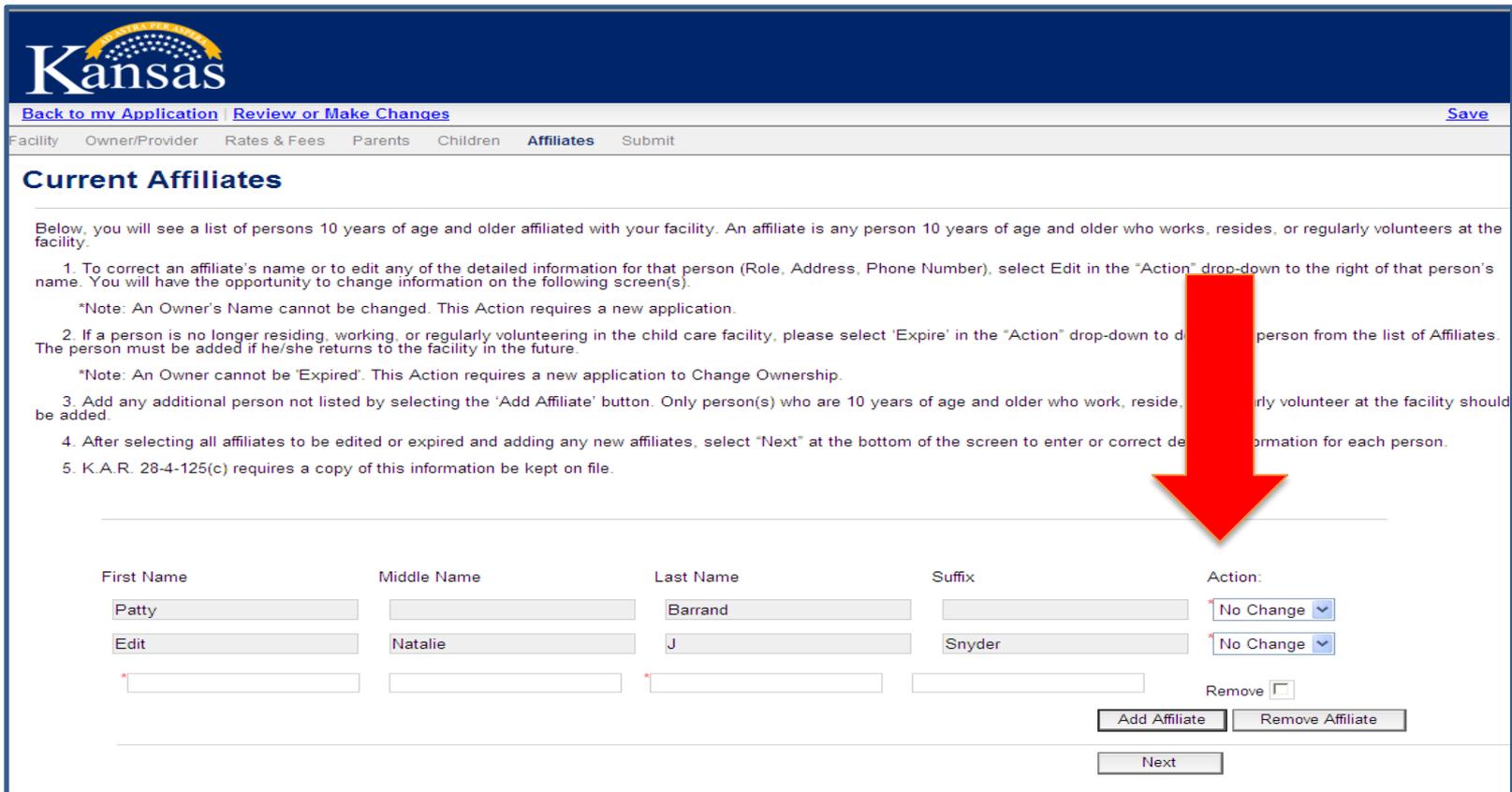
Search for Child Care in Kansas
Use this link to be routed to the Kansas resource and referral website.

Review Child Care Facility Compliance Information
Use this link to view compliance information and licensing history for a child care facility.
[\(more info\)](#)

******* IMPORTANT *******
To complete the online application the computer you are using MUST have one of the following Microsoft Windows operating systems with corresponding internet browsers**:

Modify Affiliates

- Click **[Add Affiliate]** for each affiliate and enter their First, Middle, Last name and Suffix, (i.e.-Sr, Jr, III), if applicable.
- Select **[Action]** for each affiliate (No change, Edit, Expire).
- To remove someone you just added: 1.) click on the box after **“Remove”** and then 2.) click on **[Remove Affiliate]**.
- **Click[Next]** when finished adding or editing affiliates



Kansas
Child Care Application System

[Back to my Application](#) | [Review or Make Changes](#) [Save](#)

Facility | Owner/Provider | Rates & Fees | Parents | Children | **Affiliates** | Submit

Current Affiliates

Below, you will see a list of persons 10 years of age and older affiliated with your facility. An affiliate is any person 10 years of age and older who works, resides, or regularly volunteers at the facility.

1. To correct an affiliate's name or to edit any of the detailed information for that person (Role, Address, Phone Number), select Edit in the "Action" drop-down to the right of that person's name. You will have the opportunity to change information on the following screen(s).
*Note: An Owner's Name cannot be changed. This Action requires a new application.
2. If a person is no longer residing, working, or regularly volunteering in the child care facility, please select 'Expire' in the "Action" drop-down to d... person from the list of Affiliates. The person must be added if he/she returns to the facility in the future.
*Note: An Owner cannot be 'Expired'. This Action requires a new application to Change Ownership.
3. Add any additional person not listed by selecting the 'Add Affiliate' button. Only person(s) who are 10 years of age and older who work, reside, ... regularly volunteer at the facility should be added.
4. After selecting all affiliates to be edited or expired and adding any new affiliates, select "Next" at the bottom of the screen to enter or correct de... information for each person.
5. K.A.R. 28-4-125(c) requires a copy of this information be kept on file.

First Name	Middle Name	Last Name	Suffix	Action:
<input type="text" value="Patty"/>	<input type="text"/>	<input type="text" value="Barrand"/>	<input type="text"/>	* No Change ▾
<input type="text" value="Edit"/>	<input type="text" value="Natalie"/>	<input type="text" value="J"/>	<input type="text" value="Snyder"/>	* No Change ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remove <input type="checkbox"/>

Affiliate Information

A page will populate for each person entered. Enter all requested identifying information - note the Affiliate name will be displayed at the top of the page.

Click on **[Next]**. **Note** – If a SSN is not provided, a warning message will be displayed that you that this may delay the process. Enter the SSN if available and click on **[Next]**.

The screenshot shows the 'Affiliates' section of a web application. At the top, the Kansas logo is visible. Below it, there are navigation links: 'Back to my Application' and 'Review or Make Changes'. The main heading is 'Please Enter KDHE Information for Jan Globe', where 'Jan Globe' is highlighted with a red box. A yellow arrow points to this name with the text 'Affiliate name'. To the right, a yellow box with a red border contains the text 'SSN Warning', with a red line pointing to a warning message: 'The SSN field was not completed which may delay processing of the application. Please review and resubmit it.' The form fields include: 'Effective Date of Affiliation' (15 November 2012), 'Role' (Administrator), 'SSN' (empty), 'DOB' (27 November 1955), 'Gender' (Female), 'Race' (White/Mexican/Caucasian), 'Hispanic/Latino?' (No), 'Address' (1651 Skyline, Topeka, KS, 66610), 'Phone' (7852201234), and 'Maiden Name' (First, Middle, Last: Lee, Suffix). There are also fields for 'Alias' (First, Middle, Last, Suffix).

KBI/DCF Screening

Has any affiliate been convicted of a misdemeanor or felony for any of the following? * Yes No

- a crime against persons
- a sexual offense
- crimes affecting family relationships and children

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

Has any affiliate had a felony conviction under the uniform controlled substances act? * Yes No

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

Has any affiliate been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant? * Yes No

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

Has any affiliate committed physical, mental or emotional abuse, or neglect or sexual abuse as validated by DCF? * Yes No

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

Has any affiliate 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? * Yes No

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

Has any affiliate had parental rights terminated? * Yes No

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

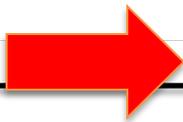
Has any affiliate signed a diversion agreement involving child abuse or a sexual offense? * Yes No

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

Has any affiliate been found to be a disabled person in need of a guardian or conservator or both? * Yes No

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

Next



KBI/DCF Screening Page

All questions are required to be answered.

Click on **[Next]**.



KDHE Child Care Licensing
1000 SW Jackson Ave Suite 200
Topeka, KS 66612

For Assistance with the online application please call:
(785) 296-1270