

# Initial Application Initial Registration

The screenshot shows the homepage of the Kansas Quality Care Resource Center. At the top, there is a blue navigation bar with the "Kansas" logo on the left and links for "Help", "Profile", and "Log In/Out" on the right. Below this is a secondary navigation bar with "Home", "Applications", and "Facilities" tabs. A small image of children is visible on the left side of the main content area.

## 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:\***

[Forgot Your Password?](#)

[Register as a User](#)

Returning user

First time users click here to 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.*  
[\(more KDHE info\)](#)

# Initial Application Initial Registration

The screenshot shows the 'Provider Application' registration form on the Kansas website. The form is divided into two main sections: 'Provider Application' and 'Your Contact Information'. The 'Provider Application' section includes fields for First Name, Middle Name, Last Name, Email, Suffix, User ID, Password, Verify Password, Challenge Question, and Answer to Challenge Question. The 'Your Contact Information' section includes fields for Address, City, Zip Code, Job Title, Work Phone Number, Fax Number, and State. A dropdown menu at the bottom asks 'Is the facility currently licensed by KDHE?'. Two yellow callout boxes with red borders provide instructions: one points to the User ID field with the text 'REMEMBER to save and secure your User Id and Password for future use.', and another points to the 'No' option of the KDHE licensing dropdown with the text 'If a new provider, Select No.'.

**Kansas** | 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:\*

Use numbers only. Special Characters are not allowed:  
Use numbers only. Special Characters are not allowed:

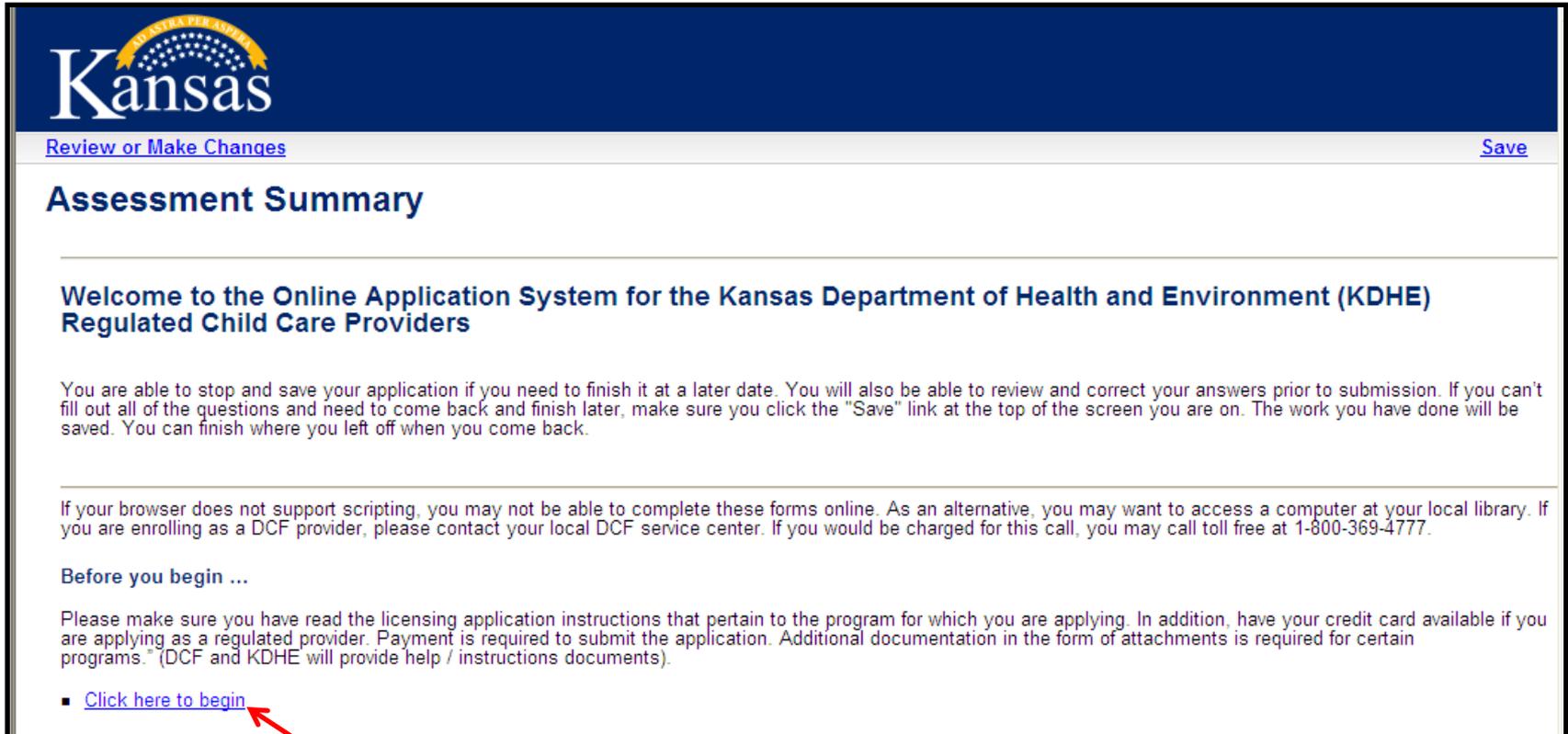
Is the facility currently licensed by KDHE?:\*

Next Cancel

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

**If a new provider, Select No.**

# Initial Application Assessment Summary



[Review or Make Changes](#) [Save](#)

## Assessment Summary

**Welcome to the Online Application System for the Kansas Department of Health and Environment (KDHE) Regulated Child Care Providers**

You are able to stop and save your application if you need to finish it at a later date. You will also be able to review and correct your answers prior to submission. If you can't fill out all of the questions and need to come back and finish later, make sure you click the "Save" link at the top of the screen you are on. The work you have done will be saved. You can finish where you left off when you come back.

If your browser does not support scripting, you may not be able to complete these forms online. As an alternative, you may want to access a computer at your local library. If you are enrolling as a DCF provider, please contact your local DCF service center. If you would be charged for this call, you may call toll free at 1-800-369-4777.

**Before you begin ...**

Please make sure you have read the licensing application instructions that pertain to the program for which you are applying. In addition, have your credit card available if you are applying as a regulated provider. Payment is required to submit the application. Additional documentation in the form of attachments is required for certain programs." (DCF and KDHE will provide help / instructions documents).

- [Click here to begin](#)

“Click here to begin”.

# Initial Application Program Type

Select type of program

Select "Yes" if you want to enroll with the Department of Children and Families (DCF).

Click on **[Next]**.

**NOTE – Program Type cannot be changed after clicking [Next].**



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

Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

## Type of Program

Please select the type of program to be provided at this facility: \*

The program type selected cannot be changed after clicking "Next" below.

Would you like to enroll with DCF as a child care provider? \*

Yes  No

By selecting yes, you will be asked to complete a series of questions. Once your license status with KDHE is determined, your enrollment request will be sent to DCF. A determination will be made and DCF staff will notify you. Please note: If you are renewing and currently enrolled with DCF and no longer wish to be enrolled, you must contact DCF.

[DCF Child Care Subsidy website](#)

Next

# Initial Application

## Child Care Facility Information

Enter the facility information. Click on **[Next]**.

Note: these links will take you back to your application or let your review and make changes.

**Kansas**

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

Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

### Child Care Facility Information

Total License Capacity of the Facility: 65

Facility Name: Bettys Dare Care

Facility License Number:

**Facility Physical Address:**

Street (No P.O. Box): 123 Elm

City: Topeka

State: KS

Zip Code (e.g., 99999-9999): 66617

County: Shawnee

Show Address on Website?  Yes  No

**Other Information**

Is the physical address a non-residential or commercial location?  Yes  No  
If yes, additional information and attachments will be required to complete the application. See instructions.

Is the facility's mailing address the same as the facility's physical address?  Yes  No

*Spoken and Written Language preferences are optional fields where you can indicate the language preference of the individual who will communicate most with the state agency about your facility's provider enrollment application.*

Primary Language Spoken: English

Primary Language Written: English

Employer ID Number:

Next

# Initial Application Data Review

Clicking on the blue headers takes you to that page to make necessary changes.



[Back to my Application](#) [CAPP Provider Data Review](#) [Save](#)

## Data Review

Facility

[Type of Application](#)

This application is for a New Child Care Facility Yes  
If Yes, skip the section below and click "Next" to continue with a New Application.

This application is for a Facility that is already licensed No  
If "Yes", select one or more of the following that apply

Moving to a New Location Not Answered  
No  
If "Yes", you must enter the Facility's Anticipated Move Date (e.g., mm/dd/yyyy)

Changing Ownership Not Answered  
No  
If "Yes", you must enter an Anticipated Change of Ownership Date (e.g., mm/dd/yyyy)

Changing Program Type Not Answered  
No

[Type of Program](#)

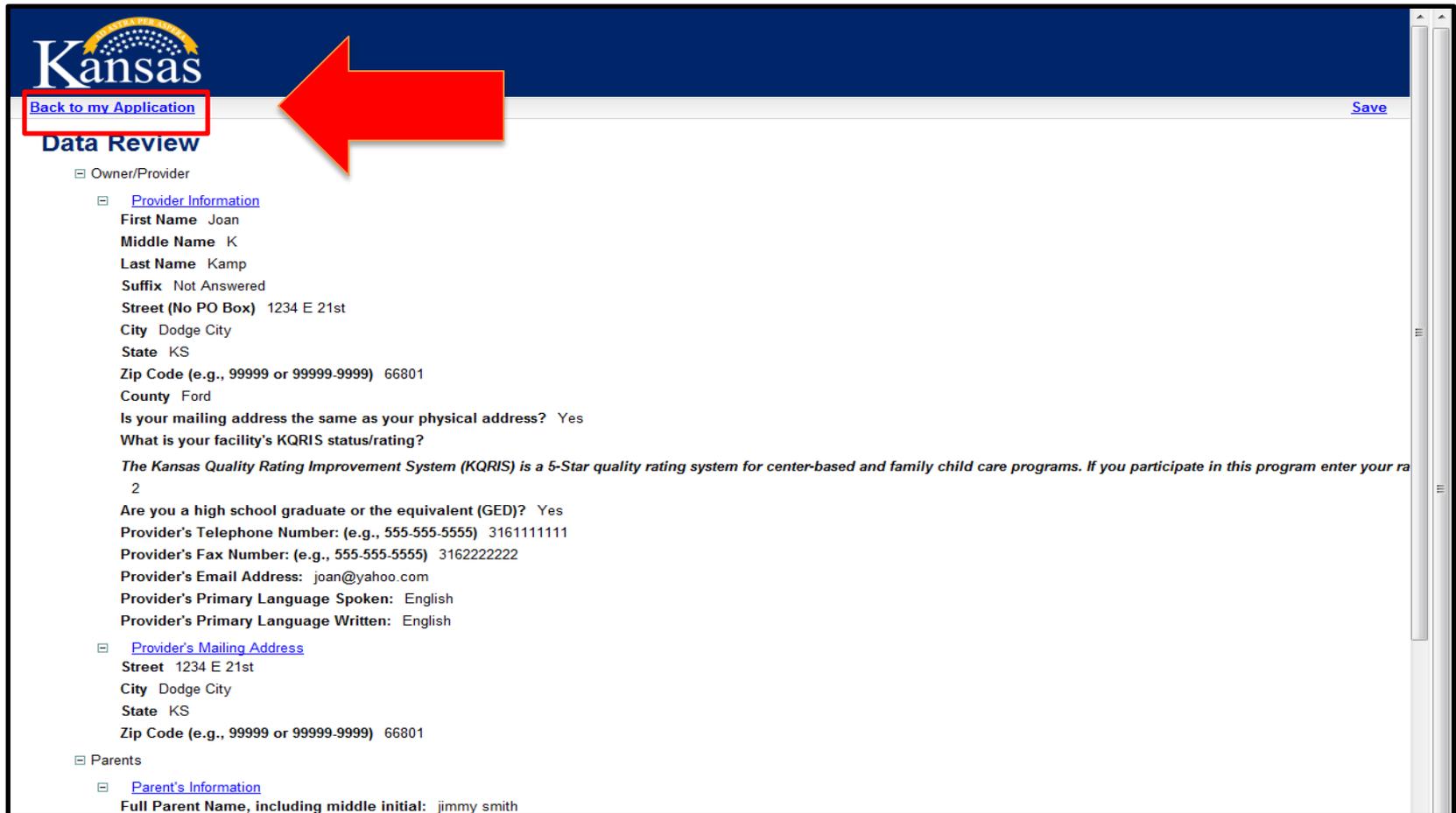
Please select the type of program to be provided at this facility:  Child Care Center (CCC)  ■  
Would you like to enroll with DCF as a child care provider?  ■

[Child Care Facility Information](#)

Facility Name:  ■  
Facility License Number:  ■  
Street (No P.O. Box):  ■  
City:  ■  
State:  ■  
Zip Code (e.g., 99999-9999):  ■  
County:  ■  
Show Address on Website?  ■  
Total License Capacity of the Facility:  ■  
Is the facility's mailing address the same as the facility's physical address?  ■

# Initial Application Data Review

Once all changes are made, click on [Back to my Application](#)



**Kansas**  
DATA REVIEW

[Back to my Application](#) [Save](#)

### Data Review

[-] Owner/Provider

[-] [Provider Information](#)

**First Name** Joan  
**Middle Name** K  
**Last Name** Kamp  
**Suffix** Not Answered  
**Street (No PO Box)** 1234 E 21st  
**City** Dodge City  
**State** KS  
**Zip Code (e.g., 99999 or 99999-9999)** 66801  
**County** Ford

**Is your mailing address the same as your physical address?** Yes  
**What is your facility's KQRIS status/rating?**  
*The Kansas Quality Rating Improvement System (KQRIS) is a 5-Star quality rating system for center-based and family child care programs. If you participate in this program enter your rating.*  
2

**Are you a high school graduate or the equivalent (GED)?** Yes  
**Provider's Telephone Number: (e.g., 555-555-5555)** 3161111111  
**Provider's Fax Number: (e.g., 555-555-5555)** 3162222222  
**Provider's Email Address:** joan@yahoo.com  
**Provider's Primary Language Spoken:** English  
**Provider's Primary Language Written:** English

[-] [Provider's Mailing Address](#)

**Street** 1234 E 21st  
**City** Dodge City  
**State** KS  
**Zip Code (e.g., 99999 or 99999-9999)** 66801

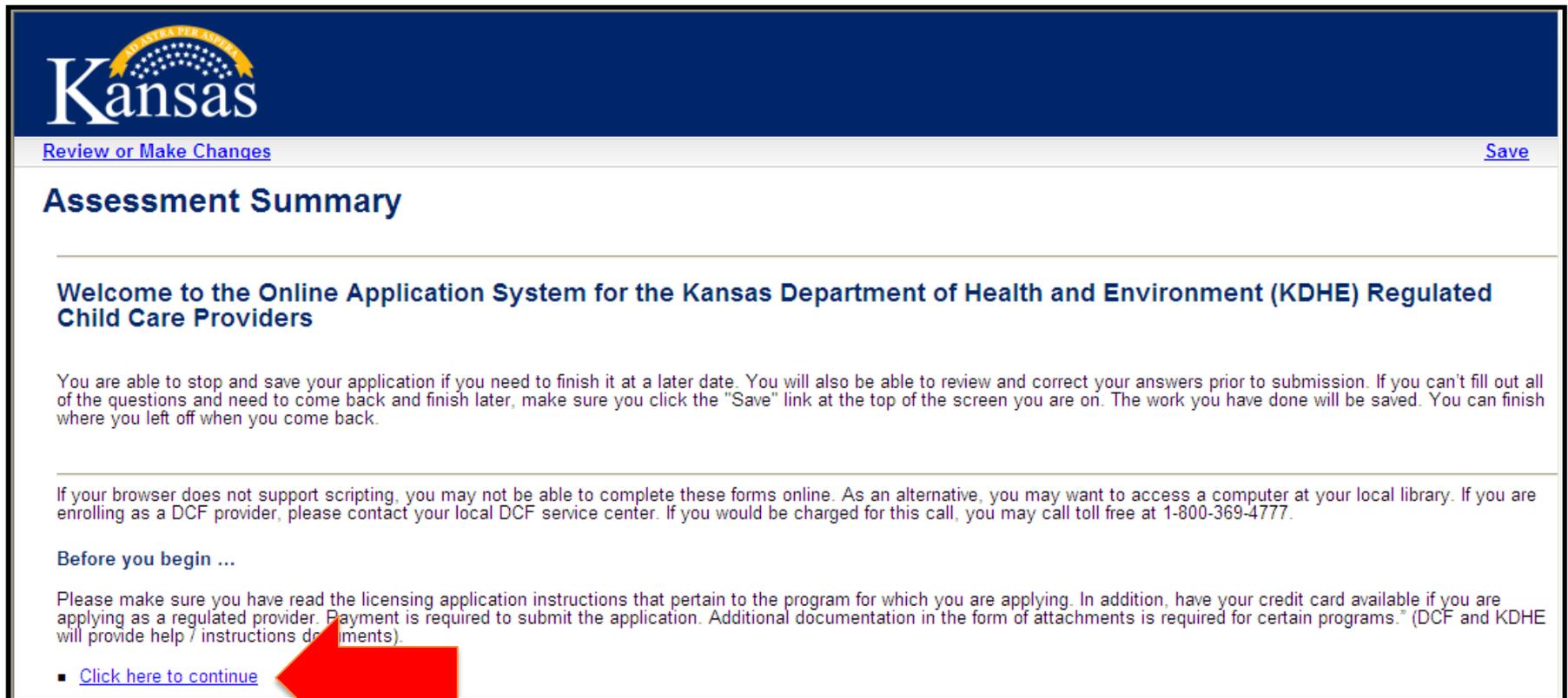
[-] Parents

[-] [Parent's Information](#)

**Full Parent Name, including middle initial:** jimmy smith

# Initial Application Assessment Summary

Click on [Click here to continue](#) to return to the Application.



 **Kansas**

[Review or Make Changes](#) [Save](#)

## Assessment Summary

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**Welcome to the Online Application System for the Kansas Department of Health and Environment (KDHE) Regulated Child Care Providers**

You are able to stop and save your application if you need to finish it at a later date. You will also be able to review and correct your answers prior to submission. If you can't fill out all of the questions and need to come back and finish later, make sure you click the "Save" link at the top of the screen you are on. The work you have done will be saved. You can finish where you left off when you come back.

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If your browser does not support scripting, you may not be able to complete these forms online. As an alternative, you may want to access a computer at your local library. If you are enrolling as a DCF provider, please contact your local DCF service center. If you would be charged for this call, you may call toll free at 1-800-369-4777.

**Before you begin ...**

Please make sure you have read the licensing application instructions that pertain to the program for which you are applying. In addition, have your credit card available if you are applying as a regulated provider. Payment is required to submit the application. Additional documentation in the form of attachments is required for certain programs.\* (DCF and KDHE will provide help / instructions documents).

- [Click here to continue](#)



# Initial Application

## Organization Physical Address

This page displays when Ownership Type is anything other than an Individual.

Click on **[Next]**.



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

### Organization Physical Address

Organization's Name: \*

Federal Identification Number:

State Business Entity ID Number (KS Secretary of State):

---

**Contact Person's Name**

First Name:

Middle Name:

Last Name:

Suffix:

As the authorized representative for this application will you be living, working or volunteering at the facility? \*  Yes  No

---

**Organization's Physical Address**

Street (No P.O. Box): \*

City: \*

State: \*

Zip Code (e.g., 99999 or 99999-9999): \*

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Organization's Telephone Number (e.g., 555-555-5555):

Organization's Fax Number (e.g., 555-555-5555):

Organization's Email Address:

Is the organization's mailing address the same as the organization's physical address?  Yes  No

# Initial Application Affiliate Page

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

Click on **[Next]** at the bottom of the page. **Note** – If a SSN is not provided, a warning message will be displayed indicating that it may delay the process.

**Kansas**

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

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

Please Enter KDHE Information for **Jan Globe**

*The SSN field was not completed which may delay processing of the application. Please review and resubmit.*

Phone (e.g., 555-555-5555): 7852201234

**Maiden Name:**  
First Name:   
Middle Name:   
Last Name: Lee  
Suffix:

**Alias:**  
First Name:   
Middle Name:   
Last Name:   
Suffix:

DOB: \* 27 November 1955  
Gender: \* Female  
Race: \* White/Mexican/Caucasian  
Hispanic/Latino? \*  Yes  No

**Address:**  
Street: \* 1651 Skyline  
City: \* Topeka  
State: \* KS  
Zip Code (eg. 99999-9999): \* 66610

# Initial Application KBI/DCF Screening Page

All questions are required to be answered.  
Click on **[Next]**.

**Kansas**  
Back to my Application | Review or Make Changes | Save

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

### KBI/DCF Screening

Has any affiliate been convicted of a misdemeanor or felony for any of the following:  
■ 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?  
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?  
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?  
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?  
If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate had parental rights terminated?  
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?  
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?  
If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Next

# Initial Application KDHE Agreement Page

Carefully read each question. All questions are required to be answered.  
Click on **[Next]**.



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

Facility  [No Title]  [Rates & Fees](#) [Parents](#) [Children](#) [Affiliates](#) [Submit](#)

## KDHE Notifications and Agreements

*KDHE Agreements: I/We have read and understand the following statements:*

Kansas Department of Health and Environment contracts with local health departments or private contractors to provide local regulatory services. Local contractors may charge a local fee. Please contact your local child care facility surveyor to determine the amount of the local fee and submit the fee directly to the local contractor per their instructions.	*	<input type="radio"/> Yes <input type="radio"/> No
Some local ordinances may apply to your child care facility in addition to the state laws and regulations. Please contact your local child care facility surveyor or local zoning official to determine if there are local ordinances which apply to the operation of a child care facility.	*	<input type="radio"/> Yes <input type="radio"/> No
For information about requirements of the Americans with Disabilities Act (ADA), contact: Great Plains Disability and Business Technical Assistance Center, University of Missouri at Columbia, 100 Corporate Lake Drive, Columbia, MO 65203, Phone: 1-800-949-4232.	*	<input type="radio"/> Yes <input type="radio"/> No
I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.	*	<input type="radio"/> Yes <input type="radio"/> No
I/We understand that a new application may take up to 90 days for processing by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE.	*	<input type="radio"/> Yes <input type="radio"/> No
In accordance with K.S.A. 44-1009, I/we shall not exclude any child from care for reason of race, religion, color, sex, physical handicap, national origin or ancestry.	*	<input type="radio"/> Yes <input type="radio"/> No



# Initial Application

## DCF Notifications and Agreements

If you enrolled by selecting yes at the beginning of the application, this page will appear.

Click on **[Next]**.



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

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

### DCF Notifications and Agreements

*DCF Agreements: I/We have read and understand the following statements:*

I/We understand that the terms listed in the [DCF Provider Handbook](#), and child care provider agreement (including section 9) are incorporated into my (our) provider agreement with DCF and are legally binding. My (Our) signature on this application certifies that I/We have read and understand those terms and agree to them.

Yes  No



# Initial Application Signature Page

- All statements require a response
- Sign and date.
- Click on **[Submit]**.

 **Kansas**

[Back to my Application](#) | [Review or Make Changes](#) | [Signature Page - Initial Applicat...](#) | [Save](#)

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

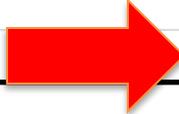
## Signature Page

I/We the undersigned are the person[s] named as the Applicant or the person[s] authorized to represent the owner. \*  Yes  No

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. \*  Yes  No

Authorized Signature (Authorized person who filled out this form) \*

Date



# Initial Application Assessment Summary

**PLEASE** read the entire page. Note the application tracking number assigned to the application. In order to pay fees, return to **[Home]** by clicking on the **"X"** in the upper-right corner to close this screen and click on [Pay KDHE Fee / Manage My Applications](#).

Online Childcare Providers - Windows Internet Explorer

**Kansas**  
Review or Make Changes

## Assessment Summary

### Submitting the Application

You have successfully entered all the information for a Child Care Center application on 8/November/2012.

Your application tracking number is **1-12531221**. You may use this number to check on the status of your application when you return to the Provider Portal. Click "View My Applications" on the main page.

**NOTE:** To complete your application you must pay your licensing application fee. Payment with a credit card is required.

*Your KDHE licensing application will be processed at the KDHE office in Topeka.*

Kansas Department of Health and Environment  
Child Care Licensing Program  
1000 SW Jackson CSOB Suite 200  
Topeka, KS 66612-1274

### State Fees

The application is not yet submitted. The application fee below must be paid to continue processing. Payment with a credit card is required on this page, and click the "Pay KDHE Fees / Manage My Applications" link. Once a successful payment is made, your application will be submitted. [Return to the Home](#)

The application fee for a Child Care Center is non-refundable.

KDHE base licensing fee (includes additional fees for Preschool):	\$75.00
Additional fee (\$1 per child in the license capacity for all programs except Preschool):	\$45.00
Late fee if renewing >30 days past renewal date:	\$0.00
2.5 percent convenience fee:	\$3.00
<b>Total Due:</b>	<b>\$123.00</b>

### Required Attachments

**NOTE:** Please see instructions to determine if additional information and attachments are required to be submitted for the type of license which you are applying. Required attachments vary by program type.

When you return to the Provider Portal, click "Attachments". If you do not have the documents in an electronic format, please mail the documents within 5 days to:

Kansas Department of Health and Environment  
Child Care Licensing Program  
1000 SW Jackson CSOB Suite 200  
Topeka, KS 66612-1274

**NOTE:** Mailing required documentation instead of submitting electronically may delay processing of the application. Please list your business name and license number (if available) on all correspondence. Maintain a copy of all documents for your records.

# Initial Application Attachments and Paying Fees

The Application Tab is used to:

- 1) Submit Attachments – attachments must be attached prior to paying fees
- 2) Pay Fees
- 3) Print Application Summary

KDHE Status must be "Awaiting Payment" to pay fees. Refresh page as necessary.

Home Applications Facilities

Applications: Query Cancel 1 - 1 of 1

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12742151	Jans Critters	Awaiting Payment	Not Applied	Globe, Jan	11/15/2012 11:13:19 AM	Child Care Center	New	KDHE Provider

Applications Attachments

1-12742151 1 of 1

Generate Application Summary Pay Fees

**There are no fees for DCF Enrollment**

Confirmation Number: \* 1-12742151 KDHE Status: Awaiting Payment Submitted Date: 11/15/2012 11:13:19 AM  
Facility Name: Jans Critters DCF Status: Not Applied Submitted By: Globe, Jan  
Facility Address: 933 Skyline Program Type: Child Care Center Application Type: New  
City: Topeka Application Category: KDHE Provider  
State: KS  
Postal Code: 66608

[Print Application Summary \(click link below\)](#)

Report Name	Created Date
KDHE Application Summary	11/15/2012 11:13:46 AM

1 - 1 of 1

# Initial Applications Required Attachments

You may add Attachments in the **[Application]** Tab. Select and click on **[Attachments]**.

Note: Additional documentation is required for Child Care Center, Preschool, School Age Program, and Drop In Program initial applications. Please review “Required Documentation”.

Mailing required documentation instead of submitting electronically may delay processing of the application. Include your business name and facility address on all correspondence. Maintain a copy of all submitted documentation.

The screenshot shows the Kansas Child Care Application System interface. The 'Applications' tab is selected, and a table lists two applications. A red arrow points to the 'Attachments' tab for the first application (Confirmation Number: 1-12531221). Below the table, the application details for 1-12531221 are displayed, including facility name, address, and status.

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12531221	Little Debs	Submitted	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
1-12531226							New	KDHE Provider

1-12531221

Generate Application Summary | Pay Fees

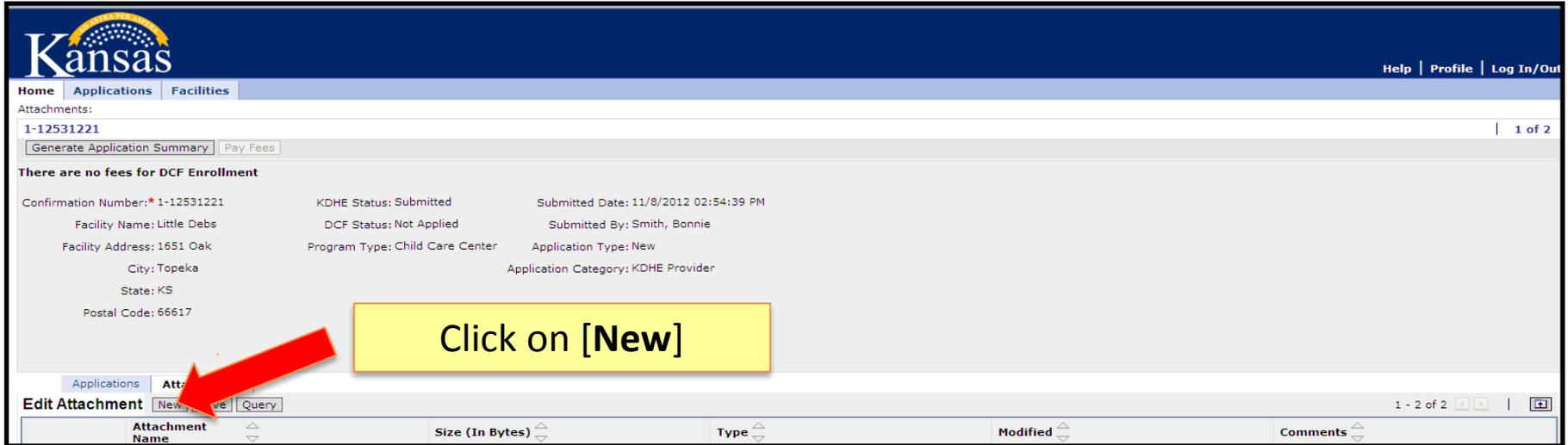
There are no fees for DCF Enrollment

Confirmation Number: \*1-12531221      KDHE Status: Submitted      Submitted Date: 11/8/2012 02:54:39 PM  
Facility Name: Little Debs      DCF Status: Not Applied      Submitted By: Smith, Bonnie  
Facility Address: 1651 Oak      Program Type: Child Care Center      Application Type: New  
City: Topeka      Application Category: KDHE Provider  
State: KS  
Postal Code: 66617

Print Application Summary (click link below)

# Initial Application

## Attach Documentation To The Application



**Kansas** Help | Profile | Log In/Out

Home Applications Facilities

Attachments: 1-12531221 | 1 of 2

Generate Application Summary Pay Fees

**There are no fees for DCF Enrollment**

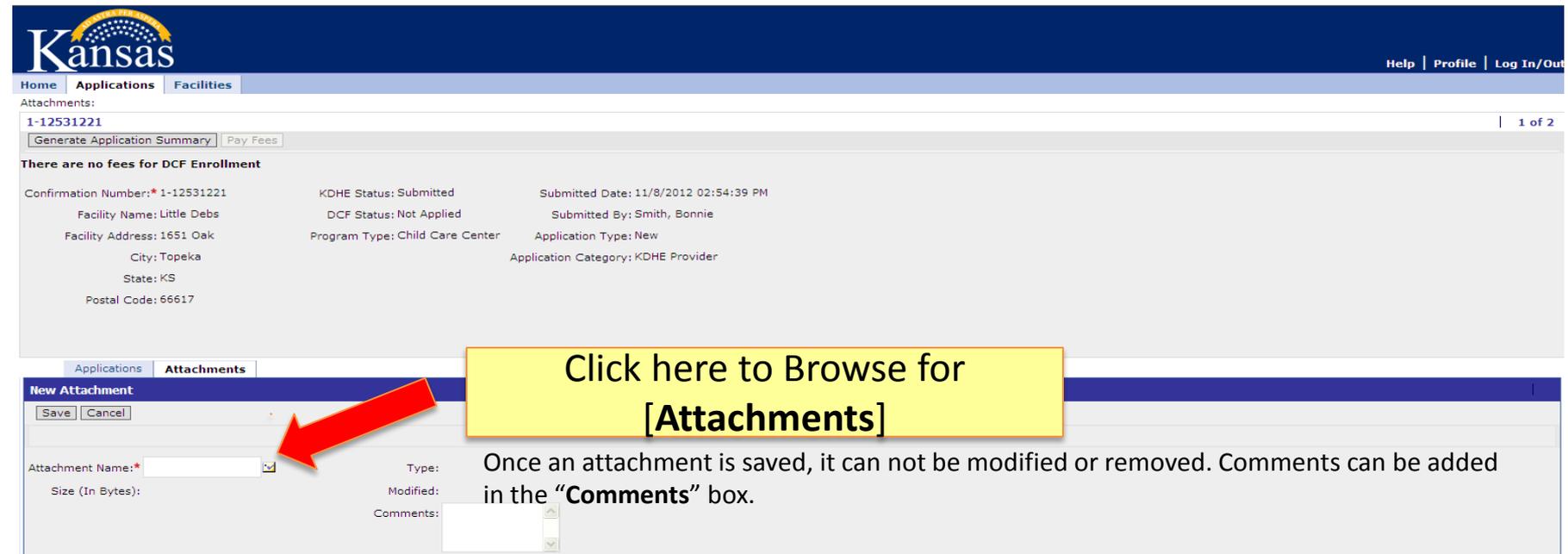
Confirmation Number: \* 1-12531221 KDHE Status: Submitted Submitted Date: 11/8/2012 02:54:39 PM  
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie  
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New  
City: Topeka Application Category: KDHE Provider  
State: KS  
Postal Code: 66617

Applications Attachments

Edit Attachment **New** | Save | Query | 1 - 2 of 2

Attachment Name	Size (In Bytes)	Type	Modified	Comments
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Click on [New]



**Kansas** Help | Profile | Log In/Out

Home Applications Facilities

Attachments: 1-12531221 | 1 of 2

Generate Application Summary Pay Fees

**There are no fees for DCF Enrollment**

Confirmation Number: \* 1-12531221 KDHE Status: Submitted Submitted Date: 11/8/2012 02:54:39 PM  
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie  
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New  
City: Topeka Application Category: KDHE Provider  
State: KS  
Postal Code: 66617

Applications Attachments

**New Attachment**

Save Cancel

Attachment Name: \*

Size (In Bytes):

Type:

Modified:

Comments:

Click here to Browse for [Attachments]

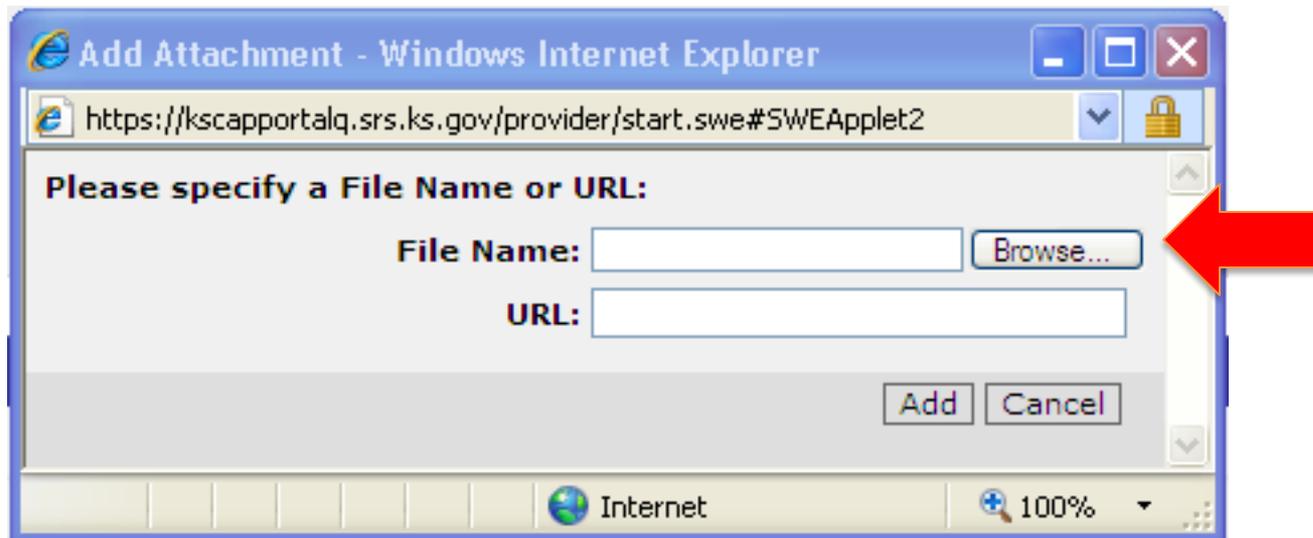
Once an attachment is saved, it can not be modified or removed. Comments can be added in the "Comments" box.

Click here to Browse for [Attachments]

Once an attachment is saved, it can not be modified or removed. Comments can be added in the "Comments" box.

# Initial Application Browse for Attachment

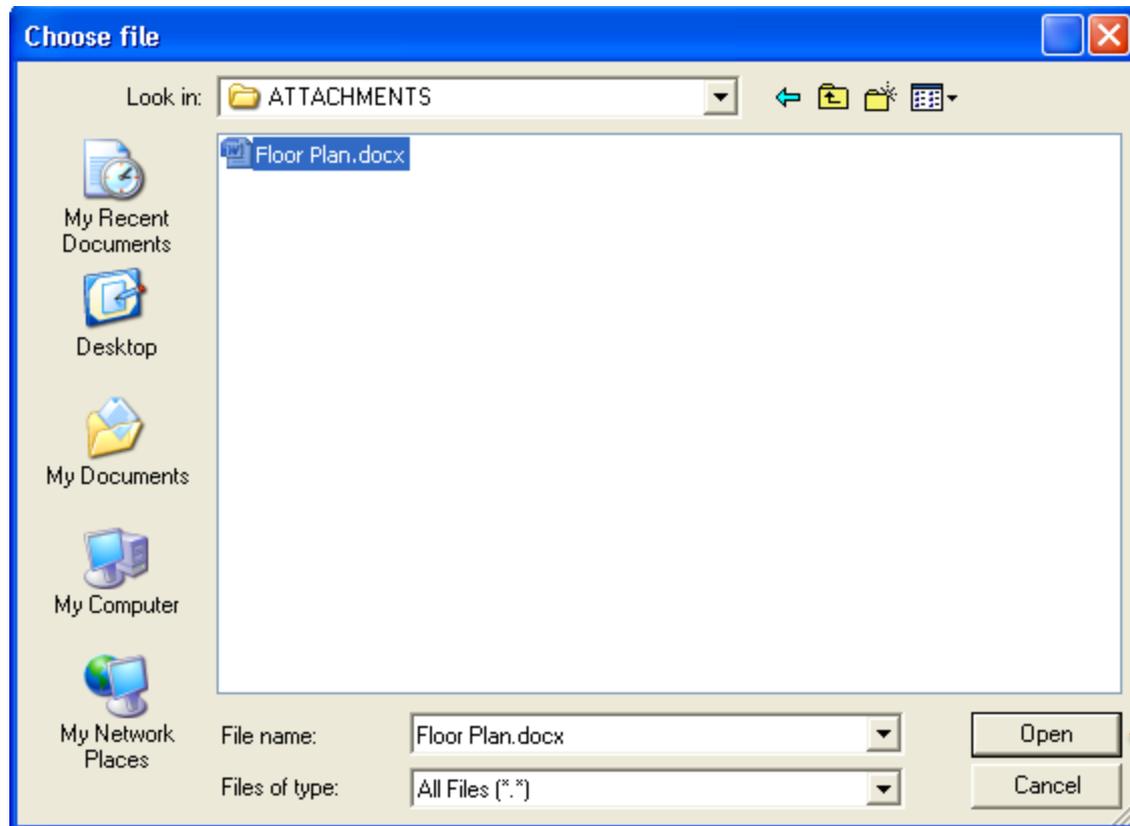
Click on **[Browse...]** to locate attachment.



# Initial Application Attachment located

Click on the attachment.

Click on **[Open]**.



# Initial Application Attachment Added

Note the attachment is now displayed in the “Attachment Name” field.

Once an attachment is saved, it can not be modified or removed. Comments can be added in the “Comments” box.

The screenshot displays the Kansas Department of Children and Family Services (DCF) application portal. At the top, the Kansas logo is visible on the left, and navigation links for 'Home', 'Applications', and 'Facilities' are in the center. On the right, there are links for 'Help', 'Profile', and 'Log In/Out'. Below the navigation bar, the page title is 'Attachments:' followed by the application ID '1-12531221' and a '1 of 2' indicator. There are two buttons: 'Generate Application Summary' and 'Pay Fees'. A message states 'There are no fees for DCF Enrollment'. The application details are as follows:

Confirmation Number: * 1-12531221	KDHE Status: Submitted	Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs	DCF Status: Not Applied	Submitted By: Smith, Bonnie
Facility Address: 1651 Oak	Program Type: Child Care Center	Application Type: New
City: Topeka		Application Category: KDHE Provider
State: KS		
Postal Code: 66617		

Below the details is a 'New Attachment' section with 'Save' and 'Cancel' buttons. A red arrow points from the 'Save' button to the 'Attachment Name' field. The 'Attachment Name' field contains '\* Floor Plan' and is highlighted with a red box. To its right, the 'Type' is 'docx' and the 'Modified' date is '11/9/2012 05:12:05 PM'. Below these fields is a 'Comments' text area, which is highlighted with a yellow box and labeled 'Comments box' with a red arrow pointing to it. The 'Size (in Bytes)' is listed as '72,041'.

# Initial Application Pay KDHE Fee

Click on “Pay KDHE Fee / Manage My Application” to make payment.

\* **NOTE:** Once the fee is paid, the application can not be modified.

The screenshot shows the KDHE website interface. At the top left is the Kansas logo with the text '100 YEARS OF PROGRESS'. To the right are links for 'Help | Profile | Log In/Out'. Below the logo is a navigation bar with 'Home', 'Applications', and 'Facilities'. A welcome message reads 'Welcome, Bonnie Smith!' with a photo of a family. The date 'Thursday, November 08, 2012' is shown in the top right. The main content area is divided into three columns. The left column is titled 'Apply to Provide Child Care Services in Kansas' and contains links for 'KDHE Online Child Care Application', 'DCF Enrollment for KDHE Licensed Providers', 'DCF Enrollment for Unregulated Providers', 'DCF Enrollment for In-Home Providers', and 'DCF Enrollment for Out-Of-Home Relative Providers'. The middle column is titled 'Existing Child Care Providers' and contains links for 'Manage My Facilities and Affiliates' and 'Pay KDHE Fee / Manage My Applications'. The 'Pay KDHE Fee / Manage My Applications' link is highlighted with a red box, and a large red arrow points to it from the right. The right column is titled 'Resources' and contains links for 'Search for Child Care in Kansas' and 'Review Child Care Facility Compliance Information'.

**Kansas** 100 YEARS OF PROGRESS

Help | Profile | Log In/Out

Home Applications Facilities

Welcome, Bonnie Smith!

Thursday, November 08, 2012

### Apply to Provide Child Care Services in Kansas

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

**DCF Enrollment for KDHE Licensed Providers**  
Use this link to start or continue enrollment as a Regulated provider for families receiving DCF Child Care Subsidy. Your facility must be licensed with KDHE.  
[\(more info\)](#)

**DCF Enrollment for Unregulated Providers**  
Use this link to start or continue enrollment if you are a facility not required to be licensed by KDHE. Examples include out-of-state facilities serving Kansas families, facilities on a military base, or programs owned and operated by school districts.  
[\(more info\)](#)

**DCF Enrollment for In-Home Providers**  
Use this link 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. Care will be provided in the family's home.  
[\(more info\)](#)

**DCF Enrollment for Out-Of-Home Relative Providers**  
Use this link if you have been referred by an DCF staff member to provide child care to a relative eligible to receive child care benefits. Care will be provided in the provider's home.  
[\(more info\)](#)

### Existing Child Care Providers

**Manage My Facilities and Affiliates**  
Use this link to: Renew your license with KDHE, View your Facilities, View/Modify your Affiliates.  
[\(more info\)](#)

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

### 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.  
[\(more info\)](#)

# Initial Application Pay Fees

Click on [Pay Fees].

The screenshot shows the Kansas KDHE application portal. At the top left is the Kansas logo with the motto "AGRICULTURE" and "COMMERCE". The top right has links for "Help", "Profile", and "Log In/Out". Below the logo is a navigation bar with "Home", "Applications", and "Facilities". The main content area is titled "Applications:" and includes a "Query" button and a "Cancel" button. A table lists applications with columns for Confirmation Number, Facility Name, KDHE Status, DCF Status, Submitted By, Submitted Date, Program Type, Application Type, and Application Category. The first row is highlighted in yellow and corresponds to application 1-12531221. Below the table, there are tabs for "Applications" and "Attachments". The "Applications" tab is selected, showing the application details for 1-12531221. A red arrow points to the "Pay Fees" button in the application details section. Below the application details, there is a section titled "There are no fees for DCF Enrollment" with a list of application details. At the bottom, there is a "Print Application Summary (click link below)" button and a footer with "Report Name" and "Created Date" information.

Home Applications Facilities

Help | Profile | Log In/Out

Applications: Query Cancel 1 - 2 of 2

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12531221	Little Debs	Awaiting Payment	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
1-12531226							New	KDHE Provider

Applications Attachments

1-12531221 1 of 2

Generate Application Summary Pay Fees

**There are no fees for DCF Enrollment**

Confirmation Number: \* 1-12531221 KDHE Status: Awaiting Payment Submitted Date: 11/8/2012 02:54:39 PM  
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie  
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New  
City: Topeka Application Category: KDHE Provider  
State: KS  
Postal Code: 66617

Print Application Summary (click link below)

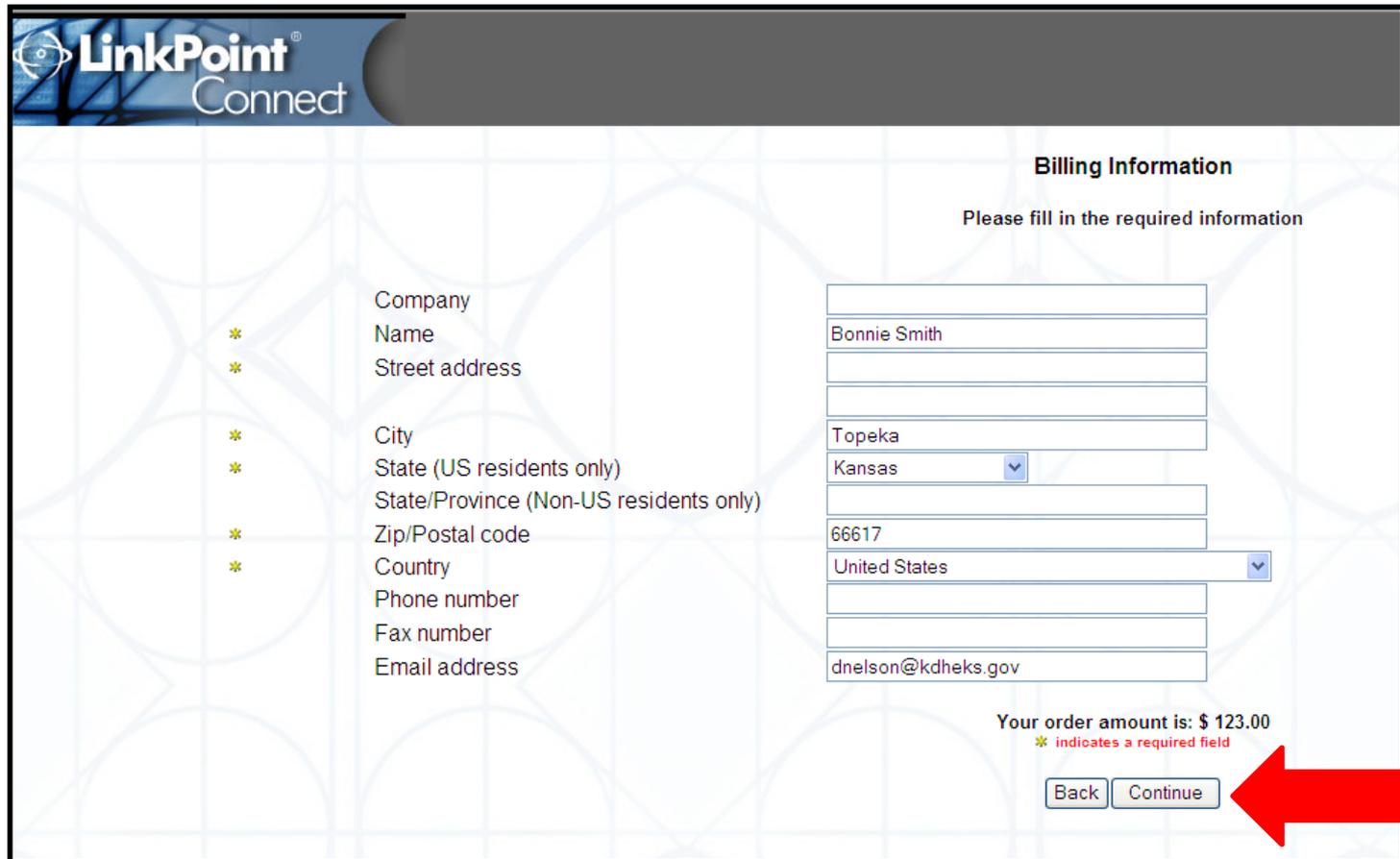
Report Name Created Date  
KDHE Application Summary 11/8/2012 02:55:10 PM

# Initial Application

## 1<sup>st</sup> page displayed to Pay Fees

Enter all required billing information.

Click on **[Continue]**.



The screenshot shows the LinkPoint Connect web application interface. At the top left is the LinkPoint Connect logo. The main heading is "Billing Information" with a sub-instruction "Please fill in the required information". The form contains several input fields, some marked with a yellow asterisk to indicate they are required. The fields are: Company Name (filled with "Bonnie Smith"), Street address (empty), City (filled with "Topeka"), State (US residents only) (filled with "Kansas"), State/Province (Non-US residents only) (empty), Zip/Postal code (filled with "66617"), Country (filled with "United States"), Phone number (empty), Fax number (empty), and Email address (filled with "dnelson@kdheks.gov"). At the bottom right, it states "Your order amount is: \$ 123.00" and includes a legend: "\* indicates a required field". Below this are "Back" and "Continue" buttons, with a large red arrow pointing to the "Continue" button.

**LinkPoint<sup>®</sup> Connect**

### Billing Information

Please fill in the required information

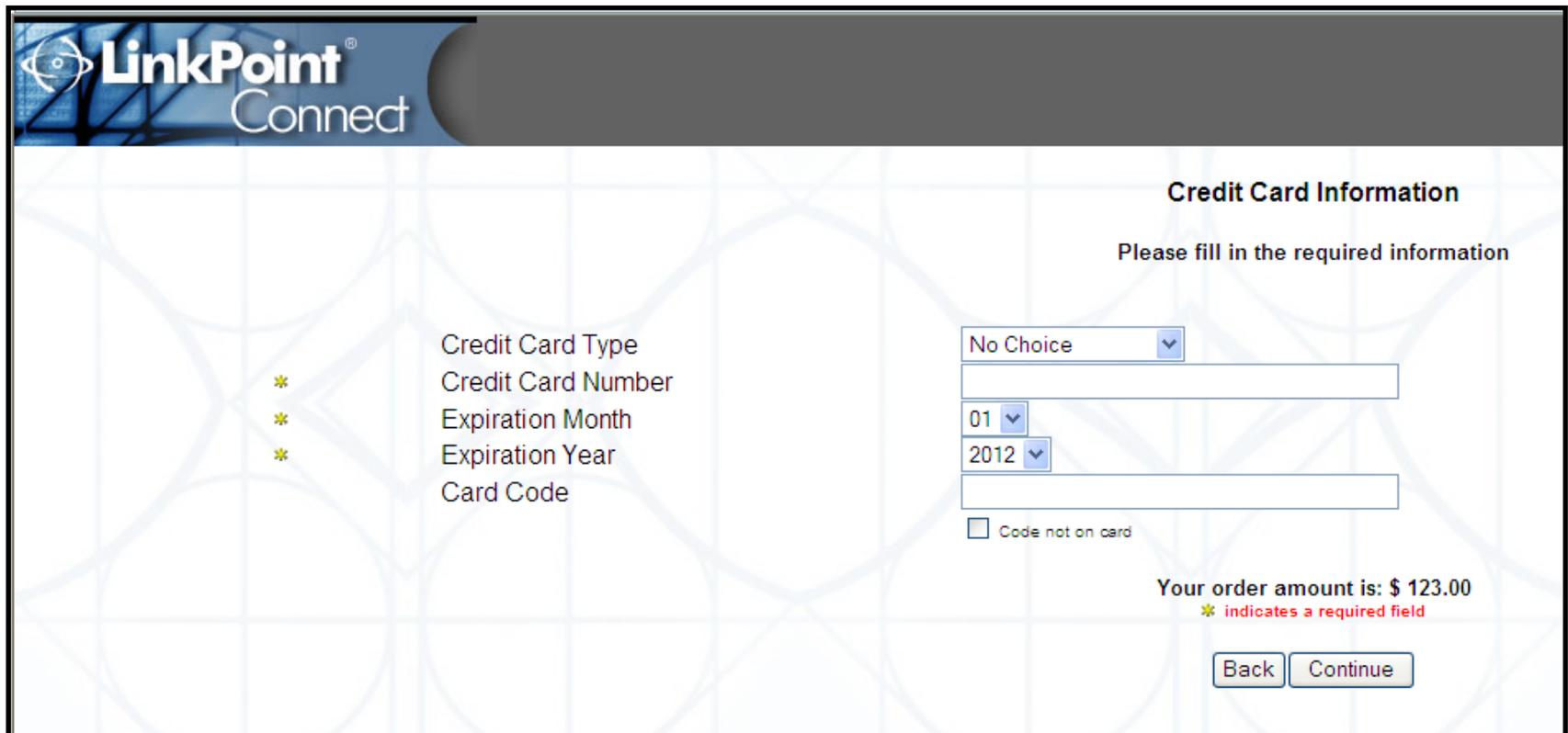
*	Company Name	<input type="text" value="Bonnie Smith"/>
*	Street address	<input type="text"/>
*	City	<input type="text" value="Topeka"/>
*	State (US residents only)	<input type="text" value="Kansas"/>
	State/Province (Non-US residents only)	<input type="text"/>
*	Zip/Postal code	<input type="text" value="66617"/>
*	Country	<input type="text" value="United States"/>
	Phone number	<input type="text"/>
	Fax number	<input type="text"/>
	Email address	<input type="text" value="dnelson@kdheks.gov"/>

Your order amount is: \$ 123.00  
\* indicates a required field

# Initial Application

## Enter Credit Card Information

IF YOU RECEIVE AN “Error- Invalid Payment” MESSAGE, **do not submit again**. By selecting continue again, your payment may be duplicated. For Assistance please call 785-296-1270.



The screenshot shows a web form titled "Credit Card Information" with the LinkPoint Connect logo in the top left. The form includes a list of required fields on the left, each marked with an asterisk: Credit Card Type, Credit Card Number, Expiration Month, Expiration Year, and Card Code. On the right, there are input fields for these fields: a dropdown menu for "No Choice", a text box for the card number, dropdown menus for "01" (month) and "2012" (year), and another text box for the card code. Below these is a checkbox labeled "Code not on card". At the bottom right, it states "Your order amount is: \$ 123.00" and includes a legend "\* indicates a required field". "Back" and "Continue" buttons are located at the bottom right.

**LinkPoint<sup>®</sup> Connect**

### Credit Card Information

Please fill in the required information

- \* Credit Card Type
- \* Credit Card Number
- \* Expiration Month
- \* Expiration Year
- \* Card Code

No Choice

01

2012

Code not on card

Your order amount is: \$ 123.00  
\* indicates a required field

Back Continue

# Initial Application Payment Approval Status

If the payment was approved, the application has been submitted.

A notification email will be sent to the address given when registering as a user.

**\*\*If the payment is declined, use a different credit card or contact your credit card company. This is not a KDHE system, so we are unable to assist with declined cards.**

The screenshot displays the Kansas Department of Children and Family Services (DCF) enrollment application status page. The page header includes the Kansas logo and navigation links for Home, Applications, and Facilities. The main content area shows the application ID 1-12531221 and a confirmation message: "There are no fees for DCF Enrollment". The application details are as follows:

Confirmation Number: *1-12531221	KDHE Status: Submitted	Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs	DCF Status: Not Applied	Submitted By: Smith, Bonnie
Facility Address: 1651 Oak	Program Type: Child Care Center	Application Type: New
City: Topeka		Application Category: KDHE Provider
State: KS		
Postal Code: 66617		

At the bottom of the page, the following information is displayed:

- Approval Code: Y:OK242C0016568555:nullnull:
- Payment Status: APPROVED
- Transaction Time: 11/8/2012 04:16:24 PM

A yellow arrow points to the "Payment Status: APPROVED" field, with a text box containing the text: "This payment was 'APPROVED'"

# Initial Application

## Print Application Summary

To print a copy of your application, click on the “KDHE Application Summary” link from the Applications tab. The summary will print as a PDF document. A sample is provided below.

The screenshot displays the Kansas Information System (KIS) interface. At the top, the Kansas logo is visible with the text 'Kansas Information' and 'KANSAS PER ASPERA'. The navigation bar includes 'Home', 'Applications', and 'Facilities'. The 'Applications' tab is active, showing a list of applications. The first application is highlighted in yellow, with the following details:

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12531221	Little Debs	Submitted	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
1-12531226							New	KDHE Provider

Below the table, the 'Applications' tab is selected, and the details for application 1-12531221 are shown. The 'Generate Application Summary' button is visible. A red arrow points to the 'Print Application Summary (click link below)' link at the bottom of the page.

**Print Application Summary (click link below)**

Report Name: KDHE Application Summary  
Created Date: 11/8/2012 02:55:10 PM

Kansas Department of Health and Environment  
Child Care Licensing Program  
1000 SW Jackson St, Ste 200  
Topeka, KS 66612-1274  
785.296.1270  
[www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet)  
REVIEW OF APPLICATION FOR Child Care Center

**INSTRUCTIONS:**

- If you cannot read and understand English, please have this document read to you or translated. (Si no puede leer y entender inglés, por favor pida a alguien que le traduzca este documento y se lo lea antes de firmar.)

**APPLICATION TYPE**

Application Tracking Number: 1-12531221

- New Application
- New Facility
  - Facility Already Licensed
    - Moving to New Location Anticipated Move Date:
    - Changing Ownership Anticipated Date of Ownership Change:
    - Program Type Change
  - Request to Renew

**CHILD CARE FACILITY INFORMATION**

Facility Name: Little Debs  
License Number:  
Renewal Date:  
Total License Capacity: 45

**Facility Physical Address (No P.O. Box)**

Street	City	State	Zip	County
1651 Oak	Topeka	KS	66617	Shawnee

**Facility Mailing Address**

Street	City	State	Zip
1651 Oak	Topeka	KS	66617

**Show Address on Website:** Yes  
**Primary Telephone Number:** (785)222-2222  
**Alternate Telephone Number:**  
**Fax Number:** (785)111-1111  
**Email Address:** dnelson@kdheks.gov  
**Facility Contact:** Bonnie Smith  
**Year Facility Built:** 1985  
**Public Water:** Yes  
**Public Sewer:** Yes  
**Fire Safety Inspection:** 07/20/2012  
**Fire Safety Acceptance/Approval:** 07/20/2012

**Facility Operation Schedule:** All Year  
**Qualified Program Director:** Bonnie Smith  
**Date of Orientation:** 06/27/2012  
**KQRIS Rating:** 5

**OWNER INFORMATION**

**Type of Ownership:** Owner - Limited Liability Corp  
**Legal Owner:** Smith Inc      **Contact Name:** Bonnie Smith

Employer ID Number (EIN): 12345678  
Secretary of State Business Entity ID Number: 87654321  
Owner's Telephone Number: (785)999-9999  
Owner's Fax Number: (785)888-8888  
Owner's Email Address: dnelson@kdheks.gov

**Address**

Street	City	State	Zip
1000 Elm	Topeka	KS	66612

**Owner's Mailing Address**

Street	City	State	Zip
1000 Elm	Topeka	KS	66612

**REQUEST FOR KBI/DCF SCREENING**

Regulation requires this list to include all persons 10 years of age and older living, working, or regularly volunteering in the child care facility. Below is a list of individuals submitted as affiliates on the application.

Name: Betty Smith	Effective Date: 11/08/2012	Role: Employee	SSN:	DOB: 05/13/1960	Gender: Female
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:	Lee	
Address: 111 1st Street, Topeka, KS 66615		Phone Number:			
Name: Bonnie Smith	Effective Date: 11/08/2012	Role: Program Director	SSN: 111-11-1111	DOB: 01/01/1965	Gender: Female
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:	Lowe	
Address: 1651 Oak, Topeka, KS 66617		Phone Number: (785)222-2222			
Name: David Smith	Effective Date: 11/08/2012	Role: Employee	SSN:	DOB: 02/27/1967	Gender: Male
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:		
Address: 222 Elm, Topeka, KS 66617		Phone Number: (785)111-1111			

# Initial Application Client and Provider Portal Home Page

Click on **[Manage My Facilities and Affiliates]** any time to update your affiliate list or check the status of your application.

**Kansas** INDUSTRIA PER ASPERA

Home | Applications | Facilities | **View/Modify Affiliates** | Help | Profile | Log In/Out

Welcome, Patty Groves! Monday, February 04, 2013

### Apply to Provide Child Care Services in Kansas

**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)

**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)



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

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