

Kansas Department of Health and Environment
 Bureau of Child Care and Health Facilities
 1000 SW Jackson, Suite 200
 Topeka, KS 66612-1274
 Child Care Unit Phone: (785) 296-1270 Fax: (785) 296-0803
 Foster Care Unit Phone: (785) 368-7015 Fax: (785) 296-7025
 Website: www.kdhe.state.ks.us/kidsnet/



REQUEST FOR KBI/SRS CHILD ABUSE REGISTRY CHECK FOR CHILD CARE AND RESIDENTIAL CARE FACILITIES

Type of Facility: Child Day Care Child Care Resource & Referral Agency 24 Hour Residential Care Child Placement Agency
 Or School Age Programs Including Family Foster Care

Name of Facility exactly AS STATED ON THE LICENSE/CERTIFICATE	License/Certificate #	Date (MM/DD/YYYY)
Street Address of Facility	City	Zip Code + 4
First and Last Name of the Individual Completing This Form	Phone #	E-mail address

- I. This request for background check is being completed to meet the requirements for (CHECK ONLY ONE):
- Initial Application** **Renewal** **The information provided on this form is to include:** yourself; all other persons 10 years of age and older living in the facility; all persons working and/or volunteering in the facility; all substitutes and other caregivers or helpers, including relief and support staff.
- New person(s) living, working or volunteering in the facility** The information provided on this form is to include only the identifying information for new individual(s).

All blank spaces must be completed, however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or Other name, mark N/A. DO NOT include children or youth for whom you provide services. COMPLETE BOTH SIDES OF THIS FORM.

II. Check Yes or No for each question below with regard to the persons listed on this form. If answering yes, complete the information in this section.

Yes	No		Name of Person	Date	Court of Action and State and County
		Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
		Had a felony conviction under the uniform controlled substances act?			
		Been adjudicated (found or determined in a court of law to be be) a juvenile offender, delinquent, or miscreant?			
		Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by SRS?			
		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?			
		Had parental rights terminated?			
		Signed a diversion agreement involving child abuse or a sexual offense?			
		Been found to be a disabled person in need of a guardian or conservator or both?			

Name of Facility exactly as stated on the license/certificate	License/Certificate #	Date Completed (MM/DD/YYYY)
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K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file at the facility. Type or print plainly using black ink. Include **all** names each person used and/or uses.

(Names) Last	First	Middle	Maiden or Any Other Name Ever Used (Alias)	Social Security #	Date of Birth (MM/DD/YYYY)	Gender Male or Female	Race	Address - Street, City, Zip Code Home Phone #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								