

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
 Foster Care Unit Phone: (785) 368-7015
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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) 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?		