

Division of Public Health
Curtis State Office Building
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Topeka, KS 66612-1274



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Janet Stanek, Secretary

Laura Kelly, Governor

To Whom It May Concern:

Pursuant to 45 C.F.R. 98.43(e), the Child Care Licensing program with the Kansas Department of Health and Environment (KDHE) is required to conduct out-of-state criminal background checks on persons who currently reside, work, or volunteer in a child care facility and who have indicated that they lived in another state within the past five years.

Name: _____

Date of Birth: _____ Social Security Number: _____

I _____ hereby give permission to the Washington D.C. Metropolitan Police to conduct a name-based background check on myself and release any information found in the background check to:

Attn: Background Check Supervisor
Child Care Licensing
Kansas Department of Health & Environment
1000 SW Jackson, Ste. 200
Topeka, Kansas 66612
KDHE.BGCheck@ks.gov

Signature _____ Date _____

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

Printed Name of Individual/Guardian

Affix Official Notary seal here

Notary Public