

To create and submit a renewal application on the Provider Access Portal, you must first log in:

Please Enter your system credentials:

Username:

Password:

[\[I forgot my Username\]](#)

[\[I forgot my Password\]](#)

[\[CLARIS Provider Portal\]](#)

Security Policy

For site security purposes and to ensure that this service remains available to all users, this government computer system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage.

Unauthorized attempts to upload information or change information on this service are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act.

By using this system, the user consents to the interception of information and/or the examination and retrieval of stored information by assigned staff of the Department of Health and Environment. Only employees of the Department of Health and Environment or people granted special permission by Department of Health and Environment are authorized to use this network. Users authorized and unauthorized have no expectation of privacy. Unauthorized and improper use of this system may result in disciplinary action or criminal and civil penalties.

Once you are logged into the Provider Access Portal you will need to complete the following steps to submit a Renewal Application:

Step 1: You must first [Manage Affiliates].

Step 2: Complete renewal application with signature but do not pay yet.

Step 3: [Pay Fee]

Step 1: Click [Manage Affiliates] for the facility you want to renew.

The screenshot shows the CLARIS web portal interface. At the top, there is a navigation bar with links for Home, Help, and a Welcome message. Below this is a secondary navigation bar with links for Welcome, My Profile, My Facilities, My Applications, My Background Checks, My Organization, My Payments, and My Authorized Users. The main content area features the slogan "Good Beginnings Last a Lifetime" and contact information for the Bureau of Family Health. A table titled "LICENSE(S) AVAILABLE FOR RENEWAL" is displayed, with columns for Facility Name, License Number, Program Type, Address, Current Status, and Renewal Date. A red arrow points to the "Manage Affiliates" link in the "Links" column of the table.

Facility Name :	License Number:	Program Type:	Address	Current Status:	Renewal Date:	Links
Day Camp		Outdoor Summer Camp School Age Program	Topoka, KS 66606- Shawnee	Issued	03/31/2019	[Print Background Check Form] [Manage Affiliates] [Start Renewal Application]

This will take you to the Affiliate tab in the Provider Access Portal. All affiliates that reside, work, or volunteer need to have their affiliate role updated, except the Program Director.

NOTE: Only 1 Program Director can be affiliated with a facility at any time.

Step 1: [Manage Affiliate] continued

Facility Summary:

Facility Name: Day Camp | Case Number: | Program Type: Outdoor Summer Camp School Age Program

Address: Topka, KS 66606 | County: Shawnee | Current Status: Open

****ATTENTION**:** To authorize an affiliate access to the facility information:
 1. The affiliate must first have an email address.
 2. The affiliate cannot have an "In Processing" Review Status.
 3. Click [Authorize Access] in the Links column below to authorize the affiliate.
 4. The authorized affiliate will receive two emails 1.) with username; 2.) with temporary password.
 5. The person authorizing an affiliate will be copied on the username notification email.

Owner Review

Legal Name	Doing Business As	Corporate Business Entity Identification Number (CBEIN)	Federal Entity ID (FEIN)	Affiliation	Expiration Date	Links
Parks and Recreation				OWNER/OPERATOR-GOVERNMENT		[Viewer]

Employee/Resident/Volunteer Review

29 affiliate records were found.

List Name	First Name	Middle Name	Alias (es)	Affiliate Role	Person ID	Effective Date	Date of Birth	SSN	Race	Gender	Hispanic	Address	States/Territories	Phone Number	Email Address	Background Check Status	Review Status	Links
				Program Director		01/06/2012		***-**-****	WHITE/MEX/PR/OTHER CAUCAS	female	false	Topka, KS 66604-0000				Needs Comprehensive Background Check	In Processing	[Viewer] [Edit] [Expire]
				Employee Unspecified		04/18/2019		***-**-****	WHITE/MEX/PR/OTHER CAUCAS	female	false	Topka, KS 66605				Needs Comprehensive Background Check	In Processing	[Viewer] [Edit] [Expire]
				EMPLOYEE		05/07/2012		***-**-****	WHITE/MEX/PR/OTHER CAUCAS	male	false						Affiliation Type Needs to be updated	[Viewer] [Edit] [Expire]

You must click [Edit] to update the affiliates information or [Expire] if the affiliate no longer works there. Once the affiliate is updated it will no longer display "Affiliation Type Needs To Be Updated". It will either be blank, or it will say "Needs Comprehensive Background Check" and "In Processing".

If you are adding a new affiliate to your facility, click the link [Add New Employee/Resident].



Once everyone is updated, scroll to the top of the page and click the button or click the orange [Welcome] tab.

Address Menu Hours Amenities Sponsor
 Facility License Survey Enforcement Application Affiliate Fees Letters **Welcome**

Step 2: Click [Start Renewal Application] to start the renewal application for the facility you want to renew.

Kansas Department of Health and Environment
CLARIS
"Good Beginnings Last a Lifetime"

Home
Help
Welcome: [Redacted]
LogOut

Welcome My Profile My Facilities My Applications My Background Checks My Organization My Payments My Authorized Users
TEST

Good Beginnings Last a Lifetime

Bureau of Family Health
Division of Health
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612
Phone (785) 296-1270 Fax (785) 559-4244
KDHE.cchr@ks.gov

Welcome [Redacted]!

[Manage Affiliates]

Provider Information

LICENSE(S) AVAILABLE FOR RENEWAL

Facility Name :	License Number:	Program Type:	Address :	Current Status:	Renewal Date:	Links
[Redacted] Day Camp	[Redacted]	Outdoor Summer Camp School Age Program	[Redacted] Topeka, KS 66606- Shawnee	Issued	03/31/2024	[Print Background Check Form] [Manage Affiliates] [Start Renewal Application]

Step 2: Renewal Application continued: All fields that are grey are not editable.

Facility Renewal Application

Instructions : Please complete this entire form. Incomplete forms will not be accepted or reviewed. The "facility" applies to a personal residence or building where you will be caring for children under the license which you are renewing.

Review all the information on this page and add any information that is missing. Click [Next] when complete.

Facility Name :

Program Type : Outdoor Summer Camp School Age Program

Facility Total Capacity Request :

Facility Physical Address

Street Address Line 1 :

Address Line 2 :
(Suite, Apt, No., Lot, etc)

Choose a City from Kansas :

State :

ZipCode : -

Please choose the County :

Show Address & Phone on Public Website : Yes No

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

Facility Mailing Address

Street or PO Box :

Please type the City :

Choose a City from Kansas :

Please choose the State :

ZipCode : -

Facility Phone Numbers & Email

Primary Phone : () - ext:

Alternate Phone : () - ext:

Fax Number : () - ext:

Email Address :

Additional Facility Information

Public Sewer : Yes No

Public Water : Yes No

Fire Inspection Date : MMDDYYYY

Do you want to enroll with DCF as a Child Care Provider? : Yes No [More Information DCF]

Is this information correct? Yes No

This question must be answered

Step 2: Renewal Application continued

A list of hours of operation.

There are currently no hours of operation to display.

Hours are required if you are a DCF provider. Otherwise, click [Next] at the bottom of the page.

Facility Name : ██████████ Day Camp
Case Number : ████████
Program Type : Outdoor Summer Camp School Age Program

Enter your list of hours of operation

Type of Hours :

Starting :

Ending :

Monday : From : To :

Click here to autofill Tuesday to Friday hours from Monday. Uncheck to clear.
 Click here to autofill Saturday and Sunday hours from Monday. Uncheck to clear.

Tuesday : From : To :

Wednesday : From : To :

Thursday : From : To :

Friday : From : To :

Saturday : From : To :

Sunday : From : To :

Do you have more Hours to add? Yes No

Next **Reset** **Save & Exit** **Cancel**

Welcome My Profile My Facilities **My Applications** My Background Checks My Organization My Payments My Authorized Users

Facility Renewal Application

Application List of Owners

Name :	Relationship :	Links
Parks and Recreation	OWNER/OPERATOR-GOVERNMENT	[Edit]

You may filter the grid results --- Apply Filter: use _____ as substring on column - none -

To review the Owner information either as a Person Owner or an Organization Owner click [Edit]

Facility Name : _____ Day Camp

Case Number : _____

Program Type : Outdoor Summer Camp School Age Program

Is this information correct? Yes No

Facility Renewal Application

Application List of Owners

Name :	Relationship :	Links
Parks and Recreation	OWNER/OPERATOR-GOVERNMENT	[Edit]

You may filter the grid results --- Apply Filter: use _____ as substring on column - none -

Review all the information on this page and add any information that is missing.

Case Number : _____

Program Type : Outdoor Summer Camp School Age Program

Organization Owner's Information

Your Organization Legal Name : _____ Parks and Recreation

Federal Entity ID (FEIN): _____

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

Relationship : OWNER/OPERATOR-GOVERNMENT

Contact Person's Name for _____ Parks and Recreation

First Name :

Middle Name :

Last Name :

Suffix : Example: Jr, Sr, or II

Organization's Physical Address for _____ Parks and Recreation

Street :

Choose a City from Kansas :

Please type the City :

Please choose the State :

ZipCode : -

Is the mailing address the same as the physical address? Yes No

Step 2: Renewal Application continued

Review all the information on this page and add any information that is missing. Click [Next] when complete

Street or PO Box :

Choose a City from Kansas :

Please type the City :

Please choose the State :

ZipCode : -

Organization's Phone & Email for ██████████ Parks and Recreation

Primary Number : ()-- Extension:

Fax Phone Number : ()-- Extension:

Organization Email Address :

Is this information correct? Yes No ← This question must be answered

Facility Renewal Application

Review all the questions, answer as needed and click [Next].

Case Number : ██████████

Program Type : Outdoor Summer Camp School Age Program

The information provided on this form is to include: yourself; all individual(s) who are working or volunteering in the facility and all other individual(s) whose activities involve either supervised or unsupervised access to children; and all individual(s) at least 10 years of age and older who are residing in the facility. DO NOT include children or youth for whom you provide services.

Background Check Screening

**If YES to any of the following questions provide the following:
Name of Person, Date, Court of Action, County, and State**

Has been convicted of a person misdemeanor, a person felony, a sexual offense, or a crime affecting family relationships and children? Yes No

Had a felony conviction under the uniform controlled substances act? Yes No

Has been convicted of arson? Yes No

Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant? Yes No

Has been convicted of or adjudicated of a crime that requires registration as sex offender? Yes No

Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF? Yes No

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

Had parental rights terminated? Yes No

Signed a diversion agreement involving child abuse or a sexual offense? Yes No

Been found to be a disabled person in need of a guardian or conservator or both? Yes No

Step 2: Renewal Application continued

Read and agree with ALL questions, then sign application

KDHE Notification, Agreements and Signature

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

Kansas Department of Health and Environment(KDHE) 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 licensing surveyor to determine the amount of the local fee and submit the fee directly to the local contractor per their instructions. : Yes 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 licensing surveyor or local zoning official to determine if there are local ordinances which apply to the operation of a child care facility. : Yes 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. : Yes No

I/We have read, completed and signed the KS State Fire Marshal's Office Fire/Life Safety Agreement (FLSA). It will remain posted by the license at all times. : Yes No

I/We have read the laws and regulations governing the operation of this licensed facility and it is the intention of the 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. : Yes No

I/We understand that a new application may take up to 90 days for processing by 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. : Yes 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. : Yes No

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) *Tab out of this field to populate signature date below.*

Signature Date :

WE APPRECIATE YOUR PATIENCE. THE SUBMISSION MAY TAKE A MINUTE OR MORE TO COMPLETE. PLEASE DO NOT CLICK ON THE SUBMIT BUTTON MORE THAN ONCE.

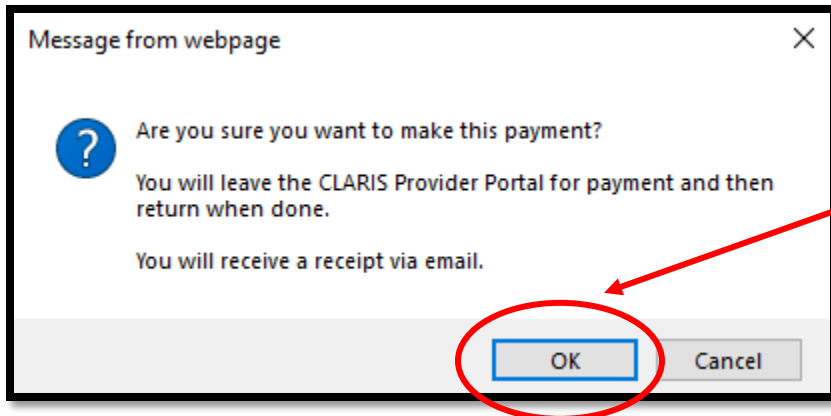
Application Fee : \$20.00
Online Payment Convenience Fee: \$2.00
Total Application Fee: \$22.00

Are you ready to Pay Fees right now? Yes No

Step 3: [Pay Fee]

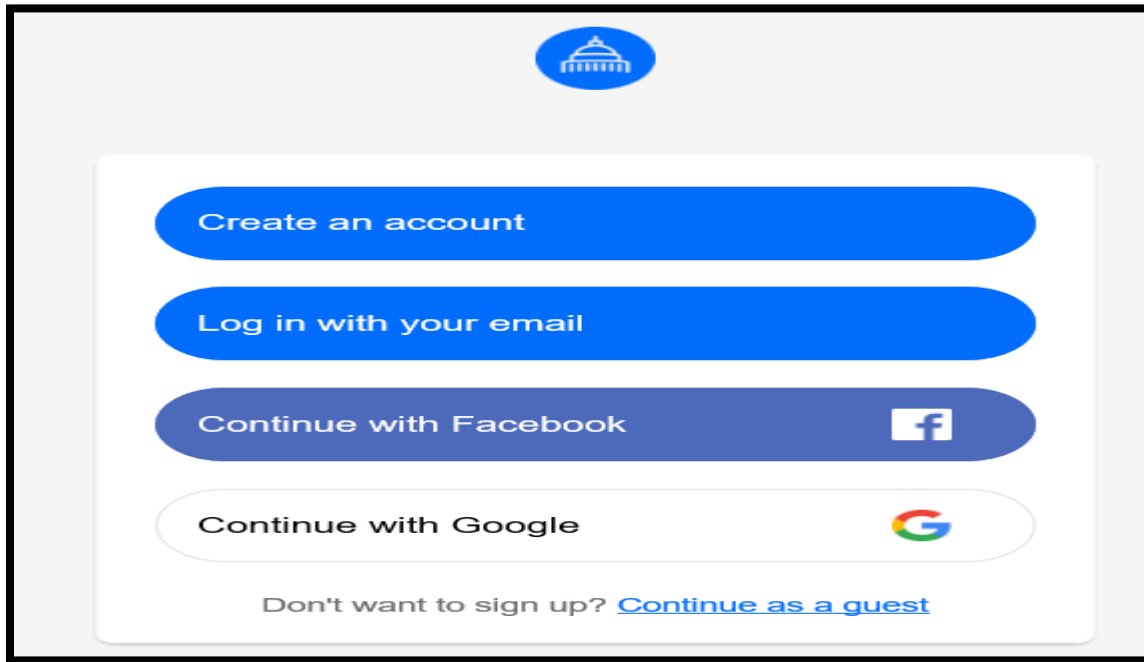
To pay fee select yes and [Submit]

Step 3: [Pay Fee] continued



Click OK to be taken to the iKan Payment Application

You can either create an account or continue as a guest. We recommend that you create an account so that you will receive an emailed receipt for your transaction.



Step 3: [Pay Fee] continued

Click [Add a Payment Method] to add Credit Card or ACH information, then click Blue [Pay Fee] button.

iKan

Payment Summary

Renewal Case #0071554 View	\$40.00
Application ID 19-000659	
Transaction Fee	\$2.00
Total Payment	\$42.00

Payment Methods

Add a Payment Method

Pay \$42.00

The [View](#) will give you a breakdown of the charges:

Renewal Case #0071554

Fee Description	
Renewal Fee	20.00
Late Fee	20.00