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

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.

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

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.
Step 2: Click [Start Renewal Application] to start the renewal application for the facility you want to renew.
Step 2: Renewal Application continued: All fields that are grey are not editable.

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

Facility Name: [Redacted]
Program Type: Outdoor Summer Camp School Age Program
Facility Total Capacity Request: 150

Facility Physical Address
Street Address Line 1: [Redacted]
Address Line 2: [Redacted]
(Suite, Apt, No., Lot, etc)
Choose a City from Kansas: Topeka
State: KS
ZipCode: 66656
Please choose the County: Shawnee
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: [Redacted]
Please type the City: Topeka
Choose a City from Kansas: Topeka
Please choose the State: KANSAS
ZipCode: 66614

Facility Phone Numbers & Email
Primary Phone: [Redacted] ext:
Alternate Phone: [Redacted] ext:
Fax Number: [Redacted] ext:
Email Address: [Redacted]

Additional Facility Information
Public Sewer: • Yes  ☐ No
Public Water: • Yes  ☐ No
Fire Inspection Date: [Redacted] 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: [Redacted]
Case Number: [Redacted]
Program Type: Outdoor Summer Camp School Age Program

Enter your list of hours of operation:

Type of Hours:
Starting:
Ending:
Monday: From: [Redacted] To: [Redacted]

☐ 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: [Redacted] To: [Redacted]
Wednesday: From: [Redacted] To: [Redacted]
Thursday: From: [Redacted] To: [Redacted]
Friday: From: [Redacted] To: [Redacted]
Saturday: From: [Redacted] To: [Redacted]
Sunday: From: [Redacted] To: [Redacted]

Do you have more Hours to add? ☑ Yes ☐ No
To review the Owner information either as a Person Owner or an Organization Owner click [Edit].

Facility Name: [Redacted] Day Camp

Case Number: [Redacted]

Program Type: Outdoor Summer Camp School Age Program

Is this information correct?  ☐ Yes  ☐ No

---

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

Case Number: [Redacted]

Program Type: Outdoor Summer Camp School Age Program

Organization Owner's Information

Your Organization Legal Name: [Redacted] Parks and Recreation

Federal Entity ID (FEIN): [Redacted]

State Business Entity ID Number (KS Secretary of State): [Redacted]

Relationship: OWNER, OPERATOR, GOVERNMENT

Contact Person's Name for [Redacted] Parks and Recreation

First Name: 
Middle Name: 
Last Name: 
Suffix: [Redacted] Example: Jr, Sr, or II

Organization's Physical Address for [Redacted] Parks and Recreation

Street: [Redacted]

Choose a City from Kansas: [Redacted]

Please type the City: Topeka

Please choose the State: KANSAS

Zip Code: 66605 - 

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 Perks 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
  - 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

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.

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.

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.

I/We have read, completed and signed the KS State Fire Marshall's Office Fire/Life Safety Agreement (FLSA). It will remain posted by the license at all times.

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.

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.

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.

I/We the undersigned are the person(s) named as the Applicant or the person(s) authorized to represent the owner.

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.

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

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.

The View will give you a breakdown of the charges: