Child Care Licensing and Registration Program 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

Residential Center

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67020 -0000	Burrton	201 S Victory Rd
	0015468-003	Name of Facility exactly as STATED ON THE LICENSE/CERTIFICATE Victory Village Christian Academy

This request for background check is being completed to meet the requirements for the annual renewal.

all persons working and/or volunteering in the facility; all substitutes and other caregivers or helpers, including relief and support staff. The information provided on this form is to include: yourself; all other persons 10 years of age and older living in the facility;

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		Date	Court of Action/State/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, definquent, or miscreant?	5	
		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?		
	Jeury	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 Victory Village Christian Academy	0015468-003	Date(MM/DD/YYYY)
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 of each person used and/or uses.	The delication of the delicati	

	Name of Facility exactly as STATED ON THE LICENSE/CERTIFICATE Victory Village Christian Academy	TED ON THE LIC	ENSE/GERTIFICAT	ti.	10015	License/Certificate # 0015468-003			Date(MM/DD/YYYY)
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	(Names) Last	First	Middle	Maiden or Any Other Name Ever Used (Alias)	Social Security #	Date of Birth (MM/DD/YYYY)	Gender Male Female	Race	Address - Street, City, Zip Code Home Phone #
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