



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

CHANGE OF REGISTRATION / LICENSE
CHECKLIST

PLEASE ATTACH:

_____ **Change of Status Application** (DPHHS-QAD/CCL-040)

- ❖ Must be completed in full, signed, dated, and notarized

_____ **Insurance Verification Form** (DPHHS-QAD/CCL-50A)

- ❖ Must be completed and signed by Insurance Agent

_____ Current Public Liability Insurance

_____ Current Fire Insurance

_____ **Floor Plan / Square Footage Report** (DPHHS-QAD/CCL-045C)

If Changing from Family to Group or Group to Center, please remember that you must have the appropriate number of caregivers. New caregivers must submit the following:

- ❖ **Employee Cover Sheet** (DPHHS-QAD/CCL-020)
- ❖ **Release of information** (DPHHS-QAD/CCL-20A)
 - must be completed in full, signed, dated, and notarized
- ❖ **Statement of Health Form** (DPHHS-QAD/CCL-20B) (must be signed and dated)
- ❖ **Immunization Records**
 - Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
 - Tetanus Diphtheria (w/in last 10 years)
- ❖ **CURRENT Adult, Infant, & Child CPR Card** (check for current dates) (**Copies – front & back**)
 - CPR / First Aid Courses must be hands-on
- ❖ **CURRENT First Aid Card** (check for current dates) (**Copies – front & back**)
 - CPR / First Aid Courses must be hands-on

Return completed change of status packet to your licensing worker.