

DAY CARE CENTER
RENEWAL APPLICATION CHECKLIST

PLEASE PRINT THE FOLLOWING FORMS FROM www.dphhs.mt.gov/earlychildhood AND ATTACH THEM:

- _____ **Renewal Application Form** (must be completed in full, signed, dated, and notarized)
- _____ **Insurance Verification** (to be filled out by insurance company)
 - _____ Current Public Liability _____ Current Fire
- _____ **Center Staff Master List**
- _____ **Employee Cover Sheet** (must be completed in full – see reverse side for directions)
- _____ **Release of information** (must be completed in full, signed, dated, and notarized)
- _____ **Statement of Health Form** (must be signed and dated)

IN ADDITION, PLEASE ATTACH THE FOLLOWING:

- _____ **Verification of Fire Inspection**
 - ❖ Certificate of Approval from the State Fire Marshall
- _____ **Verification of Health Inspection**
 - ❖ Certificate of Approval from the public health authorities
- _____ **Verification of Immunizations from Public Health Nurse**
 - ❖ If not included in sanitation report
- _____ **Fire Safety Record and Evacuation Plan**
 - ❖ See the Fire Safety Record and Evacuation Plan form for additional information

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE EMPLOYEE COVER SHEETS:

- _____ **Training Hours** (must be obtained during your registration year **NOT** the calendar year)
 - ❖ Directors must have 15 hours of continuing education
 - ❖ All care-giving staff that work over 160 hours a year must obtain 8 hours of continuing education
 - ❖ All training may be verified at www.mtecp.org except:
 - College Coursework – transcripts must be submitted
 - ❖ A written schedule of training dates and/or a phone call when training is complete will allow the licensing worker to verify training on at www.mtecp.org
- _____ **Criminal background checks**
 - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- _____ **Child Protective Services (CPS) & Adult Protective Services (APS) background checks**
 - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- _____ **Department of Motor Vehicles background checks**
 - ❖ The State of Montana will do these checks for centers coming off of an extended registration
- _____ **Out of State background checks** (if applicable)

FAILURE TO OBTAIN AND SUBMIT ALL OF THE ABOVE REQUIRED INFORMATION BY YOUR LICENSING EXPIRATION DATE WILL CAUSE A LAPSE IN YOUR DAY CARE LICENSE.