

## FAMILY / GROUP DAY CARE RENEWAL APPLICATION CHECKLIST

**PLEASE PRINT & SUBMIT:**

- Renewal Application Form** (must be completed in full, signed, dated, and notarized)
- Overlap Form** (submit only if overlap times are changing)
- Insurance Verification** (to be filled out by insurance company)
- Current Public Liability       Current Fire
- Release of information** (must be completed in full, signed, dated, and notarized)
- For all caregivers and all persons living in the home 18 years of age or over
- Statement of Health Form** (must be signed and dated)
- For all caregivers and all persons living in the home 18 years of age or over
- Fire Safety Record and Evacuation Form**
- Rules require that 8 fire drills be conducted and recorded annually. This form should be posted at your facility and a copy submitted with your renewal.

❖ **W9 TAX ID FORM** - please submit this form **ONLY** if you have a change of name, change of address or if you are requesting to be assigned a tax payer identification number)

**IN ADDITION, PLEASE ATTACH THE FOLLOWING:**

- Immunization Records (if not previously submitted)**
- Measles Mumps Rubella (copy of positive Rubella Titer test only if born prior to 1957)
  - Tetanus Diphtheria (**within the last 10 years**)
- CURRENT Adult, Infant, & Child CPR Card** (check for current dates) (**Copies – front & back**)
- For all caregivers       Caregivers working under 160 hours a year **DO** need CPR
- CURRENT First Aid Card** (check for current dates) (**Copies – front & back**)
- For all caregivers       Caregivers working under 160 hours a year **DO** need First Aid
- 8 HOURS OF TRAINING** (must be obtained during your registration year **NOT** the calendar year)
- For all caregivers working 160 hours or more per year
- ❖ All training may be verified at [www.mtecp.org/registry/Reports.aspx](http://www.mtecp.org/registry/Reports.aspx) 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.

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CPR /  
First Aid  
courses  
must be  
hands-on

**Renewal Packets for the following counties should be mailed to:**

Mary Stukaloff / QAD / CCL PO Box 202953 Helena, MT 59620-2953 Phone: (406) 444-9460 Fax: (406) 444-1742	Beaverhead Broadwater Cascade Chouteau Deer Lodge	Fergus Flathead Glacier Granite	Jefferson Judith Basin Lake Lewis and Clark	Lincoln Madison Mineral Missoula	Petroleum Powell Pondera Ravalli	Sanders Silver Bow Teton Toole
DPHHS / QAD / CCL PO Box 202953 Helena, MT 59620-2953 Phone: (406) 444-9460 Fax: (406) 444-1742	Big Horn Blaine Carbon Carter Custer Daniels	Dawson Fallon Gallatin Garfield Golden Valley	Hill Liberty McCone Meagher Musselshell	Park Phillips Powder River Prairie Richland	Roosevelt Rosebud Sheridan Stillwater Sweet Grass	Treasure Valley Wheatland Wibaux Yellowstone

**FAILURE TO SUBMIT TRAINING VERIFICATION AND CURRENT CPR / FIRST AID CARDS BY YOUR REGISTRATION EXPIRATION DATE WILL CAUSE A LAPSE IN YOUR DAY CARE REGISTRATION.**