State of Montana

Department of Public Health and Human
Services QAD-Child Care Licensing

Family or Group Child Care
Renewal Checklist

Please attach and submit the following:

1. **Application:**

   ☐Renewal Application Form (signed and date)

2. **Facility Information:**

   ☐Insurance Verification Form (Liability and Fire Ins. signed by your Insurance Agent)

3. **Person Information -** Required for each staff and household member 18 years and older.

   ☐Person Information form

   ☐Release of Information form

   ☐Immunization: MMR (if born in 1957 or later) and TDAP (tetanus, diphtheria and pertussis) - keep record in file.

4. **Education** – The following training is required for anyone who is providing direct care to children. please keep the appropriate certification/verifications of completion, onsite:

   ☐A current: Infant, Child, and Adult CPR&1st Aid Certification (CPR must be hands on)

   ☐Infant Safety Essentials or Safe Sleep & Shaken Baby Syndrome Training.

   ☐Current on the MT ECP Practitioner Registry.

5. **FBI Background Checks:**

   ☐Applicant Rights & Consent to Fingerprint form.
   ☐FBI Fingerprint card(s).
   ☐Check or money order for $30.00 payable to Montana Criminal Record.

   Required for each staff of any age and household member every 5 years.

Mail Completed Packet To
DPHHS/QAD/CCL
Attn: Family/Group
PO Box 202953
Helena, MT 59620-2953

Contact us:
Phone: 406-444-2012
Fax: 406-444-1742
Email: ChildCareLicensing@mt.gov

State of Montana
Dept. of Public Health and Human Services
QAD – Child Care Licensing

Family or Group Child Care
Renewal Application

If the applicant answers to a source other than a sole proprietor (executive board, board of directors, other owner, etc.), the individual that is responsible for the Child Care facility must complete this form.

1. Facility Information

Type of registration you are applying for:

☐ ***Family*** (maximum of 6 Children) ☐ Renewal

☐ ***Group*** (maximum of 12 Children) ☐ Renewal

Provider Name: Phone# PV#

Facility Name: Email:

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Days/Hours of operation**:** _____

Child Care Location: Is the Child Care located in a residence? ☐ **Yes** ☐ **No**
*If you are renting, verify it is acceptable with your landlord to provide child care on the rental property.

Directions to the Child Care facility (from the nearest major street or highway)

_____

_____

_____

Your start date will be on or after the effective date of your liability and fire insurance. I would like my registration to be effective (mm/dd/yy) _____

Highest level of Education: ☐ HS/GED ☐ College ☐ Other: _____

Is the Owner/Board President present in the facility on a regular or frequent basis? ☐ Yes ☐ No

Number of your own children for whom care will be provided: _____

Please mark the youngest and oldest age of children you wish to provide care to:

0	1	2	3	4	5	6	7	8	9	10	11	12

2. Household Members

In the space provided below include the name and birth date, of all individuals living in the residence where Child Care will be provided. (Include yourself, if you reside there.)

Name	Birth Date	Relationship

List the name (s) and role type for each person who is responsible for direct care and supervision of children in the facility.

Name	Role	Work over 500 hrs. /year?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

3. Prior Registrations/Licenses:

a. ☐ Yes ☐ No Have you ever been registered or licensed to care for children in Montana or in another state? If "**Yes,**" when were you registered or licensed? _____

b. What type of registration or license did you have? (Child Care, Foster Care, etc.)

List location:_____

Facility Name Address City/State/Zip

c. ☐ Yes ☐ No Have you ever been denied a license or registration to care for children or had a restricted, suspended or revoked registration or license? If **"Yes,"** when, where, and why was the application denied or the registration or license restricted suspended, or revoked?

_____

_____

_____

4. CHILD ABUSE and NEGLECT

☐ Yes ☐ No Have you ever had a child removed by CFSD?

☐ Yes ☐ No Have you or anyone living in your home been investigated for possible abuse, neglect, or substantiated exploitation of an adult in Montana or in another state?

If yes, where and when (date) did this happen?_____

5. CRIMINAL CHARGES / CONVICTIONS

Applicants and providers must meet certain requirements such as being free of criminal charges and convictions. As the agency responsible for child care registration/licensing, the Department of Public Health and Human Services must ensure the safety of children in a child care setting. Each Provider, Caregiver and adults person residing in the home must complete a **Release of Information Form** so background checks can be conducted**.**

☐ Yes ☐ No Have you or any person living in your home been convicted of, pleaded guilty to, or is currently charged with a crime classified as an offense against any person or family member? If **"Yes,"** give detailed information, including the name of the person, date, place and nature of conviction and disposition:

☐ Yes ☐ No Have you or any person living in the home been convicted of a crime involving Child or Elder abuse or neglect, sexual abuse, physical assault, or other act of violence? If "**Yes,"** please explain.

☐ Yes ☐ No Have you or any person living in the home been convicted of a crime involving drugs or a felony? If "**Yes**", please explain.

6. SWORN STATEMENT

In Accordance with the Montana Child Care Act, (52-2-702-714), Montana Code Annotated, I hereby request a new or re-issuance of the Family/ Group Day Care Certificate of Registration on the basis of the following statements:

Please Initial

_____ I have read the State Regulations for Family /Group Child Care.

_____ I will be in compliance with the State Regulations for Family/Group Child Care.

_____ I will not care for more children at any one time than are indicated on my Registration Certificate. This number includes my own children under the age of 6 years.

_____ I understand that any complaints about my registered Child Care may be investigated by a Representative of the Department of Public Health and Human Services (DPHHS) without prior notification.

_____ I understand that my Child Care Center may be visited at any time by the child's parent(s) or representative of the Department, and I will allow entry.

_____ I will notify the Child Care Licensing Program if I move to another address or stop providing care to children.

_____ I understand that the name and address of my registered Child Care home will appear on a list which is maintained by the Department and is made available to the public upon request.

_____ I will keep the necessary insurance in force covering the total number of children I am caring for.

_____ I certify that I have adequate Public Liability and Fire Insurance for the purpose of conducting Child Care.

_____ I will provide the Department with the names, addresses, and phone numbers of the parents of each child in my care whenever requested to do so.

I attest that all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.

X _____

Signature Date

State of Montana
Department of Public Health & Human Services
QAD – Child Care Licensing

Insurance Verification Form

Based upon the Montana Child Care Act, § 52.2.723, it is required that all registered Child Care facilities have current **Public Liability Insurance** and current **Fire Insurance.**

Director/Providers Name:_____ PV#_____

Public Liability Insurance –To be completed by the Insurance Agent.

Is this a new policy for the above named childcare provider? ☐Yes ☐ No

Child Care facility address:_____
Street City State

Insurance Company Name: _____

Policy number is:_____

Coverage is provided from_____ to _____ and covers#_____ children.
mm/dd/yyyy (mm/dd/yyyy)

Does this Insurance coverage include overlap children? ☐ Yes, how many children?_____ ☐No

_____
Agent Signature **Date** **Phone Number**

Fire Insurance –To be completed by the Insurance Agent. Does provider own or rent the building where the facility is located? ☐Yes ☐ No. If you are renting, please provide owner's fire insurance information below.

Child Care facility address:_____
Street City State

Insurance Company Name: _____

Policy number is:_____

Coverage is provided from_____ to _____
mm/dd/yyyy (mm/dd/yyyy)

_____
Agent Signature **Date** **Phone Number**

Department of Public Health and Human Services
Quality Assurance Division / Child Care Licensing

Child Care Facility
Emergency / Disaster Drill Report

Include record of at least ***8 fire drills*** and ***2 non-fire disaster drills***. List the type of emergency/ disaster as follows:

Fire evacuation	**FE**	Example: Fire in the kitchen
Non-fire evacuation	**NFE**	Example: Nearby rising flood waters
Lockdown	**LD**	Example: Intruder
Shelter in Place	**SIP**	Example: Severe weather event

Please post at facility

Emergency / Disaster Drill Record

Month	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Type of emergency												
Number of children												
Number of staff												
Length of Drill												
Initials of tester												
Smoke detector (monthly check)												
Batteries replaced (annually)												
Extinguisher Serviced (annually)												
Tester's initials												
Emergency kit review (annually)												

ARM 37.95.124 CHILD CARE FACILITIES: EMERGENCY DISASTER AND ACTION PLANS

(3) The facility must conduct ten emergency drills per year to include:
- (a) eight fire drills; and
- (b) two other disaster drills that are likely to occur in the facility.

(4) All emergency drills must be documented and include the following minimum information;
- (a) who conducted the drill;
- (b) date and time of drill;
- (c) the number of adults and children present during the drill;
- (d) the length of time to evacuate; and
- (e) problems identified during the drill and corrective actions.

CAPS _____
PS _____
Office Use

Department of Public Health and Human Services
QAD- Child Care Licensing

Person Information Form
(Required for all staff and adult household members)

Facility

Name:_____**Provider#**_____

Director Name:_____**Phone #**_____

Person

Name:_____
Last First Middle Maiden

Mailing Address:_____
City State/Zip

Phone#:_____**Role Type:**_____**Date of hire:**_____

General Information:

Sex: ☐ **Female** ☐ **Male**

Date of Birth:_____**Social Security Number:**_____

Immunizations (Please provide the date)

TDAP Date:_____ ***- OR -*** MedicalExemption Date:_____

MMR Date:_____ ***- OR -*** Medical Exemption Date:_____

Training

** **Please note:** You may not be left alone with children until this training has been completed.

If you have not completed training, please provide the scheduled date.

Child CPR/ Expiration Date:_____ ***- OR -*** Scheduled Date:_____
Infant CPR/ Expiration Date:_____ ***- OR -*** Scheduled Date:_____
Adult CPR / Expiration Date:_____ ***- OR -*** Scheduled Date:_____
First Aid / Expiration Date:_____ ***- OR -*** Scheduled Date:_____

Infant Safety Essentials Date:_____

- OR -

Safe Sleep Date:_____ ***- AND -*** **Shaken Baby** Date:_____

Please describe your Education / Experience

(If you are a Primary Caregiver, please submit Education Verification)

_____

_____

Attestation

☐ I understand I am required to complete CPR and First Aid training before providing unsupervised care tochildren.

☐ All the information provided in this form is true and accurate.

Statement of Health Attestation:
Applicant and providers must meet certain personal health requirements. As the agency responsible for child Care registration/licensing, the Department of Public Health and Human Services must ensure that the health of each provider is adequate to meet the demands of the care being provided.

☐ I attest that I have no disabling chronic conditions; physical, mental, or emotional illness that would prohibit me from meeting the requirements of my roletype.

Employee Signature:_____Date:_____

Please mail or fax completed form to:

DPHHS/QAD/CCL
PO BOX 202953
HELENA, MT 59620

FAX: (406) 444-1742

Department of Public Health and Human Services
STATE OF MONTANA

Release of Information

Registered and Licensed Child Care Providers

Criminal, Protective Services and Motor Vehicle

Background Checks

The facility name: _____

Director Name:_____**PV#** _____

My role with this facility is:

Family and Group

- ☐ Director
- ☐ ECT- Teacher
- ☐ Substitute ECT
- ☐ Support Staff
- ☐ Traniee
- ☐ Spouse
- ☐ Other Adult

My role with this facility is:

Center Child Care

- ☐ Director
- ☐ ECLT- Lead Teacher
- ☐ ECAT- Assistant Teacher
- ☐ Substitute ECT
- ☐ Support Staff
- ☐ Trainee

Legal Name: _____

(Last) (First) (Middle) (Maiden)

Date of Birth:_____ Social Security# _____

Mo-Day-Year

Sex: ☐ Female ☐ Male

Residential Address:_____

(Street) (City) (State/Zip Code)

Past residences:

☐ **Yes** ☐ **NO** 1- Have you lived in another state(s)? If yes, please list below.

☐ **Yes** ☐ **NO** 2- In the last 5 years, have you lived or do you now live in an area designated as an Indian reservation?

A) If yes, are you a tribal member? ☐ **Yes** ☐ **No**

B) If you are a tribal member, please complete a tribal or a FBI background check.

State	Country	Date(s) of Residency	Reservation

Authorization Statement and Signature

I, (Applicant Name)_____am aware that DPHHS/QAD/CCL, has requested confidential information, in accordance with 41-3- 205(3) (o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that Child and Family Services Division (CFSD) and Department of Justice records may contain information that could adversely affect my employment or volunteer status/approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with Dept. of Public Health and Human Services (DPHHS) to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

X _____

Signature Date

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] by _DPHHS/QAD/CCL_ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials deciding of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[2]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

_____ _____ _____

Name Date

[1] Written notification includes electronic notification, but excludes oral notification.
[2] See 28 CFR 50.12(b).
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

NCPA/VCA Applicants(FBI)

Your Name_____:

You have applied for employment with, will be working in a volunteer position with, will be residing in a child care setting or will be providing vendor or contractor services to (write in Agency or Entity name)_____ for the position of (please be specific)_____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____

First Middle Maiden Last

Date of Birth: _____

Address: _____

_____

City State Zip

ϒ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

ϒ I have not been convicted of, nor am I under pending indictment for, any crimes

ϒ I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to _DPHHS/QAD/CCL_.

_____

Signature of Applicant Date

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Out Of State
Criminal History
Background Checks

ARM 37.95.161 CHILD CARE FACILITIES: CRIMINAL FINGERPRINT AND BACKGROUND CHECKS REQUIREMENTS: (1) *A fingerprint background check by the Montana Department of Justice and Federal Bureau of Investigation is required prior to working in a child care facility and every five years thereafter.*

* All staff of any age and household members 18 years and older **are required to complete FBI checks every 5 years.**

Please be aware that the fingerprint process could take up to 6 weeks.

To avoid processing delays, please follow the steps below:

1. Have your fingerprints rolled at your local C**hild Care Resource and Referral (R&R) office** or **local Law Enforcement** agency.

2. Ensure your original fingerprint card is completely filled out (see attached fingerprint card example)

3. Make a check or money order payable to **Montana Criminal Records** in the amount of **$30**.

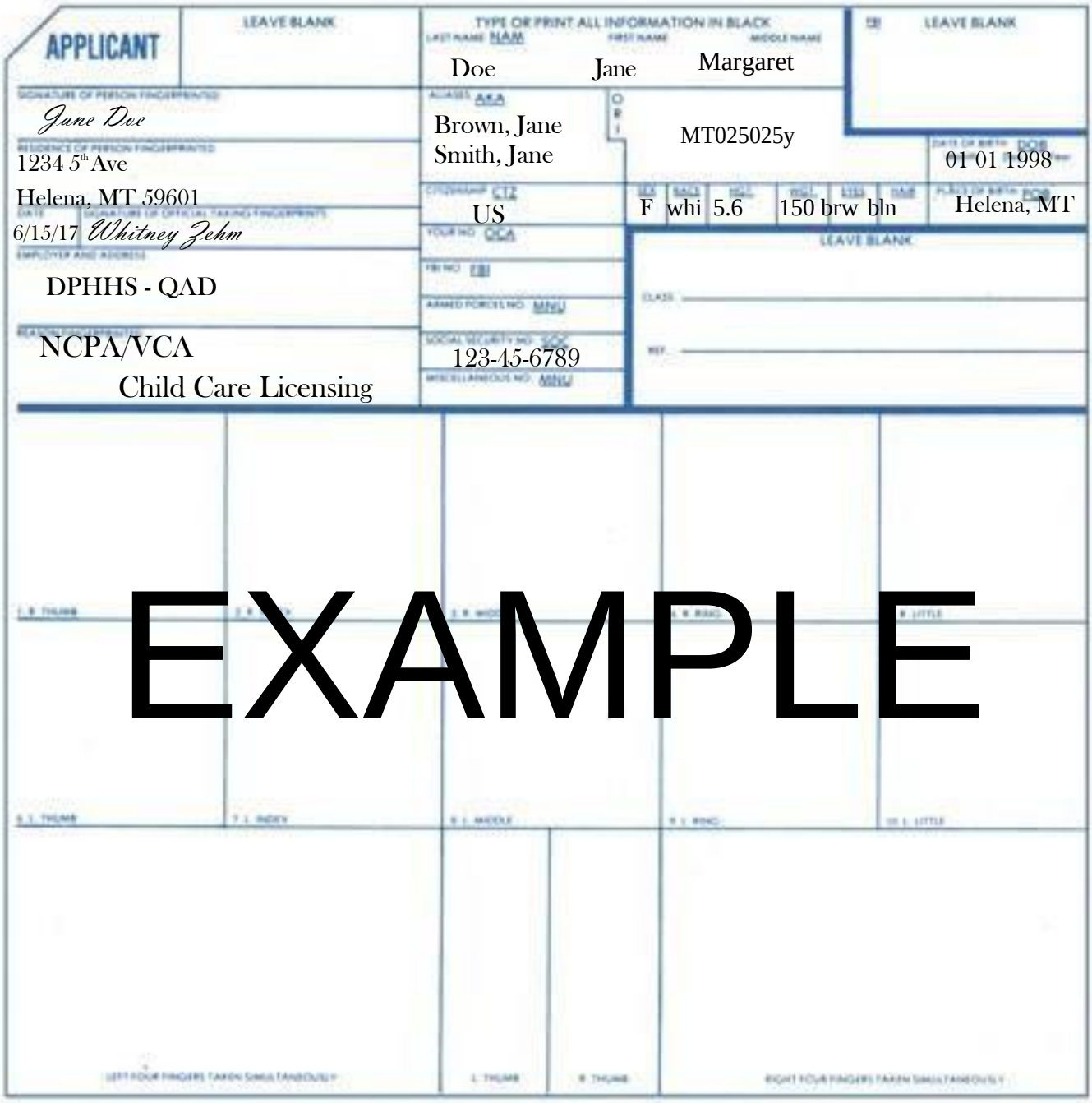
4. Mail FBI fingerprint card with your paperwork to the Child Care Licensing office in Helena:

DPHHS/QAD/CCL
PO BOX 202953
HELENA, MT 59620-2953
FAX: 406-444-1742 EMAIL: childcarelicensing@mt.gov

Please note, if the card and paperwork was sent to DOJ it will be shredded.

How to Fill Out Fingerprint Cards

Child Care Licensing



** Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays,* ***ask the requestor*** *of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.*

Department of Public Health and Human Services
Quality Assurance Division / Child Care Licensing

Child Care Facility
Emergency / Disaster Drill Report

ARM 37.95.124 CHILD CARE FACILITIES: EMERGENCY DISASTER AND ACTION PLANS

(1) All child care facilities must have a written emergency disaster plan. The plan for each structure used for child care must be developed in such a way that the plan can be followed in the event of a natural or human-caused disaster, such as flood, fire, tornado, or responding to an intruder.

(2) Emergency disaster plans must include:
- (a) an emergency supply of blankets, water, food, and supplies;
- (b) plans for evacuation, including identification of at least one off-site gathering point;
- (c) plans for evacuation of nonmobile children and children with special health care needs;
- (d) contingencies that address:
  - (i) children's individual needs; and
  - (ii) staff responsibilities;
- (e) plans for reunification of children with their parents;
- (f) plans for shelter in place and lock down;
- (g) plans for continuity of operation.

Please write your plan to evacuate children from your facility in case of fire or other disaster. Use the Child Care Emergency Disaster Action Plan Guide to help develop your plans.

1. What will the person discovering the fire or emergency do?
2. How will you sound the alarm?
3. What documentation and supplies will you bring during an evacuation?
4. What routes will you use to exit children?
5. How will you evacuate infants, toddlers, and children with special health needs?
6. Where will you relocate to? Do you have short term and long-term relocation sites?
7. What will you do before the fire department or other emergency responder team arrives?
8. How will you ensure all persons are evacuated and accounted for?
9. How will you notify parents? How will you reunite children with their parents?

Please write your plan in case of lock-down or shelter in place at your facility.

1. What will the person discovering the emergency do?
2. Where are the safe places in the building in case of severe weather? In case of intruder?
3. Where will the emergency supplies be stored? What supplies?
4. What supplies will you have for infants, toddlers, and children with special health needs?
5. What will you do before the fire department or other emergency responder team arrives?
6. How will you notify parents? How will you reunite children with their parents?

By August 31, 2018: Emergency Action Plans must be available for review during inspections. Emergency supply kits must be on-site and available for licensing inspection.