



Steve Bullock, Governor

Sheila Hogan, Director

DPHHS/CHILD CARE LICENSING
EXTENDED REGISTRATION / LICENSING ATTESTATION DOCUMENT

I, \_\_\_\_\_, as director of \_\_\_\_\_,
(director name) (PV # & facility name)

located at \_\_\_\_\_.

do hereby attest that I am in compliance and as required by child care licensing policy with the following items:

- Effective Public Liability
- Effective Begin Date \_\_\_\_\_ to Expiration Date \_\_\_\_\_ and Covers \_\_\_\_\_ Children
Effective Fire Insurance
- Effective Begin Date \_\_\_\_\_ to Expiration Date \_\_\_\_\_.
All approved teaching staff are currently certified in Infant, Child, and Adult CPR and First Aid;
For centers only; have obtained approved fire and health inspection reports (as determined by those jurisdictions);
All teaching staff who are employed for 500 hours or more are current on the ECP Practitioner Registry or will be current by the license anniversary date. Training may be verified on the Internet as applicable. See www.mtecp.org for details.

I have submitted the following information, with this document:

- Current and complete Staff List (DPHHS-QAD/CCL-040A)

If I am to relocate my facility, I will submit the following items prior to relocation and the effective beginning date of operation:

- Change of Address Form
Verification of insurance for new address
Attestation concerning compliance with the rules
New square footage/ floor plan

I also understand that if I fail to maintain full compliance with the rules and regulations, the department can:

- Issue a notice of deficient practice through the deficiency notice (and maintain the 2 or 3-year certificate);
Take other corrective actions (such as instituting a training program, directed plan of correction); or
Reduce the registration/license back to a one-year certificate.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

## DAY CARE FACILITY - STAFF LIST

DIRECTOR NAME: \_\_\_\_\_ PV#: \_\_\_\_\_  
 FACILITY NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP: \_\_\_\_\_

**Please Note:** All caregivers and individuals working / living in the home over 18 years of age must be listed. If someone is not listed below, they will be taken off the approved caregiver list.

| Full Name                | Date of Birth  | SS# | CPR Exp       | Position      |
|--------------------------|----------------|-----|---------------|---------------|
| Employee Mailing Address | City /ZIP code | PS# | First Aid Exp | Approval Date |
| 1                        |                |     |               |               |
|                          |                |     |               |               |
| 2                        |                |     |               |               |
|                          |                |     |               |               |
| 3                        |                |     |               |               |
|                          |                |     |               |               |
| 4                        |                |     |               |               |
|                          |                |     |               |               |
| 5                        |                |     |               |               |
|                          |                |     |               |               |
| 6                        |                |     |               |               |
|                          |                |     |               |               |
| 7                        |                |     |               |               |
|                          |                |     |               |               |
| 8                        |                |     |               |               |
|                          |                |     |               |               |
| 9                        |                |     |               |               |
|                          |                |     |               |               |
| 10                       |                |     |               |               |
|                          |                |     |               |               |