



OIG-DRCC-03
 R. (7/13)
 922 KAR 2:100

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Office of Inspector General
Division of Regulated Child Care

CERTIFICATION APPLICATION FOR FAMILY CHILD-CARE HOME

Instructions: All information on this application must be truthful and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete applications will not be accepted. Please contact the Division of Regulated Child Care if there are any questions relating to this application.

SECTION 1: PROVIDER IDENTIFICATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY – Copy of Photo ID or Birth Certificate Required)							
Application Type (Choose One): <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Year <input type="checkbox"/> Revision of Existing Certification							
Name (First Middle (Maiden) Last):					Telephone Number (including area code) ()		
					Alternate Telephone Number: ()		
Street Address of Family Child-Care Home (physical address):				City:	County:	Zip Code:	
Mailing Address of Family Child-Care Home, if different (include city and zip code):							
E-Mail Address (required):					Fax Number (including area code): ()		
Date of Birth:		Marital Status:		Social Security Number:			
		Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/>					
Business Name:				FEIN:			
Days and Hours of Operation – please check AM or PM as applicable:							
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> 24 hour care	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Opening Time:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Closing Time:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Months of Operation: <input type="checkbox"/> School Year Only <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____							
Number of Children in Care (including your related children):		Number of Infants (0 – 12 months):		Number of Children (1 year – 6 years old):			



SECTION 2: LOCATION – BUILDING TYPE (CHECK ONE)

House Apartment, Duplex, or Condo Modular or Mobile Home

Do you Own or Rent?

If renting, you need written documentation verifying you have your landlord's permission to operate a child care home.

Landlord/Property Owner - Name _____

Landlord/Property Owner – Address _____

Landlord/Property Owner – Phone Number _____

SECTION 3: CHILDREN – List your own children, grandchildren, nieces, nephews, and children in legal custody, step-children and siblings under age eighteen (18) in your home during the operating hours.

Child's Name	Date of Birth	Social Security Number	Relationship	Days and Hours when present in the home

SECTION 4: ADULTS – List the names of all adults eighteen (18) years of age or older residing in your home: (Use an additional sheet of paper to more adults if needed)

First Name	Middle Name	Last Name	Relationship	Date of Birth	Social Security Number

SECTION 5: ASSISTANTS/SUBSTITUTES - List the names of the adult working in the home as an assistant or substitute (who are providing care for the children). (Use an additional sheet of paper to more adults if needed)

First Name	Middle Name	Last Name	Relationship	Date of Birth	Social Security Number

SECTION 6: Animals

Do you have animals? Yes No

Type(s) animals: _____, _____, _____, _____

SECTION 7: ATTESTATION (To be completed by all applicants)

Has the provider or applicant ever had ownership interest in a facility which had its [a] license, certification or registration denied, revoked, or suspended or been issued a civil penalty?

Yes No If yes, please explain: (attach additional sheet(s) if necessary)

Does the applicant for certification have ownership interest in a child care center or family child care home that is currently suspended, excluded, terminated, or involuntarily withdrawn from participation in the Child Care Assistance Program or any other governmental assistance program as the result of fraud or abuse of that program?

Yes No

Pursuant to 922 KAR 2:100 Section 18(7), each family child care home certified provider shall have a written evacuation plan and it must updated annually.

Pursuant to 922 KAR 2:100 Sections 2(11) or 19(10), I understand that I am required to immediately notify the Office of the Inspector General of any action or change that significantly impacts the operation of this certified family child care home.

The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children's health records in your possession.

I understand the Office of the Inspector General has the authority to inspect the premises, certified family child care home and the records required by 922 KAR 2:100. All inspections of certified family child care homes shall be unannounced.

Falsification of application information is grounds for denial or revocation of the certification to operate a family child care home. Your signature on this application indicates your understanding and compliance with this law.

I hereby attest that the information contained in this application is truthful and correct under penalty of perjury. This application may be withdrawn at any time the applicant so desires.

I have read and understand the family child care certification requirements as specified in 922 KAR 2:100.

Provider's Signature

Date

This application must be accompanied by a certified check or money order made payable to the "Kentucky State Treasurer" for the following amount:

Initial Application - ten dollars (**\$10.00 non-refundable**)

Renewal Application – ten dollars (**\$10.00 non-refundable**)

Change of Location – no fee required

Other Changes or revisions – no fee required

Mail the certified check or money order to:

**Office of the Inspector General - Division of Regulated Child Care
275 E. Main Street, 5 E-F, Frankfort, KY 40621-0001**

Do Not Write Below this Line – Official Use Only

Date Fee Received:	Amount:	Check/MO Number:	Received By Signature/Initials:	CLR Number :
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Sexual Offender Address Cross-Reference	Date of Search:	Conducted by Signature/Initials:	Exact Address Match: <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Application (OIG-DRCC-03)
- \$10 non-refundable certification fee (check or money order payable to Kentucky State Treasurer)
- Physician's statement
- Results of tuberculosis test on all adults in the home (administered within 12 months of the date of application)
- Criminal records check on all adults in the home (including substitutes or assistants)
- Central registry check on all adults in the home (including substitutes or assistants) (DCC-157)
- Written local zoning approval

Additional Documentation Required for All Initial Applications

- Copy of High School Diploma, GED or other verifying documentation
- Two written character references

**How to Report Changes
Name Change**

- Application

Location/Address Change

- Application
- Written local zoning approval

Add an Adult to the Home/ add substitute or assistant

- Application
- Results of tuberculosis test
- Criminal records check
- Central registry check (DCC-157)

Changes, other than those listed above, must be reported in writing and submitted to:

**Office of the Inspector General
Division of Regulated Child Care**

275 E. Main Street, 5 E-F

Frankfort, KY 40621-0001

PHYSICIAN'S STATEMENT

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE INSPECTOR GENERAL
DIVISION OF REGULATED CHILD CARE
275 EAST MAIN ST. 5E-F, FRANKFORT, KY 40621-0001

CERTIFICATION PROGRAM FOR CHILD CARE PROVIDER

Child Care Provider's Name: _____

Address/City/State: _____

Telephone

Number: _____

The above named person has applied to become a state certified family child care home provider. This person will be solely responsible for the care of up to six (6) unrelated children in addition to related children. She/he will be working an average of eight (8) to the (10) hours per day, five (5) days per week.

In your medical opinion, is this person physically capable of assuming these job responsibilities?

YES _____ NO _____

If no, who not?

Any additional
comments: _____

Physician's Signature

Date

Physician's Name (please print) _____

Office Address: _____

City: _____ State: _____ Telephone: _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Day Care Related Categories

- Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

Other Categories

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Sex: ___ **Race:** _____ **Date of Birth:** _____ **Social Security #:** _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order to:

**The Cabinet for Health and Family Services
DCBS/Division of Child Care
275 East Main St., 3C-F
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- No reportable incident found in accordance with 922 KAR 1:470.
- Substantiated child abuse found on the registry Date of substantiated finding: _____
- Substantiated child neglect found on the registry Date of substantiated finding: _____

CHECK CONDUCTED ON _____ **BY** _____