

Date Fee Received:	Amount: \$	Check/MO Number:	Staff Initials:	Expiration Month/Year:
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DO NOT WRITE ABOVE THIS LINE – OFFICIAL USE ONLY

OIG-DRCC-06
2018
922 KAR 2:090

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



CHILD-CARE CENTER LICENSE RENEWAL FORM

Instructions: All information on this form must be truthful and correct. Complete this form in its entirety. Incomplete renewal forms will not be processed. Please contact the Division of Regulated Child Care if there are any questions.

SECTION 1: PROGRAM INFORMATION THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY		
Name of Center as it is to appear on license:	License Number: L _____	
Center Email Address:	Telephone Number: () Alternate Telephone Number: ()	
Are you a part of the food program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Early Head Start Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Head Start Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Answer yes or no to each question. If yes, please explain on back of form.		
1. Has your FEIN number changed in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Has your mailing address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have your hours of operation or services changed since your last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have there been any alterations in the square footage of your usable space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Has your director changed since your last inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Has your licensee/lead representative/contact person changed since your last application/renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name, title, home address, city, state, zip code, county of residence, email address, social security number, date of birth, home telephone number and cell/mobile number on back of form. Also please attach the National Background Check Program findings for the individual.		
7. Are you a Type II facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have there been any changes in the number of adults in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on back of form.		

Pursuant to 922 KAR 2:110 Section 6(4), I understand that I am required to immediately notify the Office of Inspector General of any action or change that significantly impacts the operation of this child-care center.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care center.

I hereby attest that the information contained in this application is truthful and correct under penalty of perjury.

Signature of Licensee or Lead Representative

Title

Date

Print Full Name

Person completing application if *other than* Licensee or Lead Representative

Name: (Print)

Telephone number: ()

This renewal form must be accompanied by a non-refundable certified check, business check or money order made payable to the "Kentucky State Treasurer" in the amount of \$25.00. Please ensure copies of any required **documentation** are attached and mail to:

**Division of Regulated Child Care
275 E. Main Street, 5 E-F
Frankfort, KY 40621**