Date Fee Received:	Amount: $	Check/MO Number:	Staff Initials:	C

DO NOT WRITE ABOVE THIS LINE – OFFICIAL USE ONLY

OIG-DRCC-03
R. (2018)
922 KAR 2:100

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

INITIAL 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 processed. Please contact the Division of Regulated Child Care if there are any questions relating to this application.

SECTION 1: PROVIDER INDENTIFICATION (Copy of **Photo ID** or **Birth Certificate** Required)
THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Have you applied for the food program? □ Yes □ No			
Name (First Middle (Maiden) Last):		Telephone Number: ( ) Cell Phone Number: ( ) Fax Number: ( )	
Physical Street Address (home address):	City:	County:	Zip Code:
Mailing Address (if **different** from physical):	City:	County:	Zip Code:
E-Mail Address:		Date of Birth:	
Marital Status: Single □ Married □ Divorced □ Legally Separated □ Widowed □		Social Security Number:	
		FEIN:	

Days and Hours of Operation:

□ 24/7 hour care □ Non-Traditional Hours

	SUN	MON	TUE	WED	THU	FRI	SAT
Opening Time: □AM □PM	_____	_____	_____	_____	_____	_____	_____
Closing Time: □AM □PM	_____	_____	_____	_____	_____	_____	_____

Months of Operation:

□ School Year Only

□ 12 months/year round

□ Other _____

Total Number of Children in Care (including your related children):	Number of Infants (0 – 12 months):	Number of Toddlers & Preschoolers (1 year – 6 years old):	Number of School Aged Children (7 years old – 12 years old):

SECTION 2: LOCATION – BUILDING TYPE (check one)

□ House □ Apartment □Duplex □Condo □ Modular /Mobile Home

□ Own □ Rent Is the property Section 8 housing? □ Yes □ No

*If **renting**, verify you have your property owner's permission to operate a child-care home by having them complete the section below.*

Landlord/Property Owner **Printed Name:**	**Landlord**/Property Owner **Signature:**	
E-Mail Address:	Telephone Number: ( )	Fax Number: ( )
Street Address:	City:	State: / Zip Code:

SECTION 3: ANIMALS

Do you have animals/pets in your home? □ Yes □ No

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

SECTION 4: ASSISTANTS/SUBSTITUTES (required if operating more than 16 hours per 24 hour day)
List the names of the adults working as assistants/substitutes (providing child care):
(Use an additional sheet of paper to list more adults if needed)

Name (First Middle (Maiden) Last)	Social Security Number	Date of Birth	Relationship	**Days** of the week and **Hours** of the day in the home

SECTION 5: CHILDREN
List your own children, grandchildren, nieces, nephews, stepchildren and children in legal custody under age eighteen (18) in your home during operating hours. (include non-school days)

Name (First Middle Last)	Social Security Number	Date of Birth	Relationship	**Days** of the week and **Hours** of the day in the home

SECTION 6: ADULTS IN HOME
List the names of adults, *other than yourself,* eighteen (18) years of age or older residing in your home:
(Use an additional sheet of paper to list more adults if needed)

Name (First Middle (Maiden) Last)	Social Security Number	Date of Birth	Relationship	**Days** of the week and **Hours** of the day in the home

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

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

If yes, please explain.

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 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 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.

_____ _____

Signature of Provider **Date**

_____

Print Full Name

This application 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 $10.00.

Make a copy of the completed application and mail the original **application** along with copies of any required **documentation** plus the **fee** to:

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

(Please attach <u>copies</u> of all documents to your application and keep the <u>originals</u> for your on-site records)

☐ 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 (including substitutes or assistants)

☐ Completed National Background Check Program findings (including substitutes or assistants)

☐ Written local zoning approval

☐ High School Diploma, GED or other verifying, authentic education documentation

☐ Two written character references

<u>How to Report Changes to DRCC</u>

All requests for changes must be submitted in writing.
(include certificate number and signature on all requests)

Name Change
☐ Copy of Driver's License or Social Security Card with new name

Location/Address Change
☐ Written local zoning approval

Add an Adult in the Home and/or
Add a substitute or assistant
☐ Results of tuberculosis test
☐ Completed National Background Check Program findings

Remove an Adult in the Home
☐ Last day of residency

Remove a substitute or assistant in the Home
☐ Last day of employment

Closure Notification
☐ Include
- certification number
- last day of operation
- owner's signature

All changes must be submitted in writing to:

Office of Inspector General
Division of Regulated Child Care
275 E. Main Street, 5 E-F
Frankfort, KY 40621
chfsoigrccportal@ky.gov
Fax#: 502-564-9350