



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Andy Beshear
Governor

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Eric C. Friedlander
Acting Secretary

Adam Mather
Inspector General

Re: Renewal of Child-Care Licenses and Certificates

Dear Kentucky Licensed and Certified Child-Care Providers:

Kentucky child-care administrative regulations 922 KAR 2:090, Section 13 and 922 KAR 2:100, Section 3 state that licensed child-care providers and certified family child-care homes must submit a renewal form:

- **One (1) month prior to the anniversary of the regular license's effective date or if certified, one (1) month prior to the expiration of the provider's certification and**
- **On a completed "Child-Care Center License Renewal Form" or "Certified Family Child-Care Home Renewal Form" with required documentation and fee.**

Incomplete forms will result in the delay of the renewal of the license/certification process and may result in expiration. Forms received after the anniversary of the effective date or expiration date will result in the expiration of the license/certificate and may result in non-payment for providers participating in the Child Care Assistance Program (CCAP). In the event that the license/certificate expires, the provider will be required to complete an initial application and progress through the initial license or certification process.

If you need assistance completing the renewal form, please contact your assigned compliance analyst in our office. A map is provided below for contact information.

Thank you for the essential service that you provide to Kentucky's families and children.

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

OIG-DRCC-04
8/2018
922 KAR 2:100

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



CERTIFIED FAMILY CHILD-CARE HOME RENEWAL FORM

Instructions: All information on this application must be true and correct. Complete this form in its entirety. An incomplete renewal form will not be processed. Please contact the Division of Regulated Child Care if you have any questions.

SECTION 1: PROVIDER IDENTIFICATION THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY			
Certificate Number: C _____		Telephone Number: ()	
Name (First	Middle	(Maiden)	Last):
Cell Phone Number: ()		Are you a part of the food program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			
Total Number of Children in Care (including your related children):	Number of Infants (0 – 12 months):	Number of Children (1 year – 6 years old):	Number of Children (7 years – 12 years old):

SECTION 2: Please use the back of this form to explain any questions to which you responded “yes” in this section.

1. Have you moved in the past year? Yes No
2. Have you changed the hours of operation in the past year? Yes No
3. Have the adults residing in your home changed since you filed your last application or renewal form? Yes No If yes, please list the name, social security number, date of birth, relationship to you and the days of the week and hours of the day in the home on the back of this form.
4. Have the assistants or substitutes changed since you filed your last application or renewal form? Yes No
5. Have the number of related children (your own children, grandchildren, nieces, nephews, stepchildren, children in legal custody) changed, become 18 or are no longer in the certified child-care home during operating hours? Yes No

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. I also understand that KRS 620.030 requires that an individual shall promptly make a report to the proper authorities when the individual has reasonable cause to suspect that a child has been abused, neglected or exploited at home, family certified child-care home or any other location.

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.

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 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 \$10.00. 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**

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

- Physician's statement
- Results of tuberculosis test on all adults in the home (including substitutes or assistants)
- National Background Check Program findings on all adults in the home (including substitutes or assistants)

How to Report Changes to DRCC:

(include certificate number and signature on all requests)

Name Change

- Written Request
- Copy of Driver's License or Social Security Card with new name

Location/Address Change

- Written Request
- Written local zoning approval

Add an Adult in the Home and/or Add a substitute or assistant

- Written Request
- Results of tuberculosis test
- National Background Check Program findings

Remove an Adult in the Home

- Written Request

Remove a substitute or assistant in the Home

- Written Request
- Last day of employment

Closure Notification

- Written Request
 - Include
 - certification number
 - last day of operation
 - owner's signature

All changes must be submitted 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**