

CENTER DAY CARE
NEW APPLICATION CHECKLIST

PLEASE ATTACH:

_____ **New Application Form** (Must be completed in full, signed, and notarized)

_____ **Insurance Verification** (to be filled out by insurance company)

- _____ Current Public Liability
- _____ Current Fire

_____ **Center Staff Master List**

_____ **Completed Employee Cover Sheets**

- _____ For all Care Providers / Staff

_____ **Release of information** (Must be completed in full, signed, and notarized)

- _____ For all Care Providers / Staff

_____ **Verification of Safe Sleep Training**

- _____ For all Care Providers / Staff caring for infants 0-24 months of age

_____ **Child Protective Services (CPS) and Adult Protective Services (APS) background checks**

- _____ For all Care Providers / Staff

_____ **Criminal background checks**

- _____ For all Care Providers / Staff

_____ **Department of Motor Vehicle background checks**

- _____ For all Care Providers / Staff

_____ **Statement of Health Form**

- _____ For all Care Providers / Staff

_____ **Immunization Records**

- Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
_____ For all caregivers / staff
- Tetanus Diphtheria (w/in last 10 years)
_____ For all caregivers / staff

_____ **Background Checks - Out of State**

- _____ If you or any employee have lived outside of Montana within the last five years a criminal background check from that state or states is required.

_____ **CURRENT Adult, Infant, & Child CPR Card (Copies – front & back)**

- _____ Please check the cards for current dates
- _____ Infant, Child & Adult for all caregivers

_____ **CURRENT First Aid Card (Copies – front & back)**

- _____ For all caregivers

} CPR /
First Aid
courses
must be
hands-on

_____ **Activity Schedule / Written Plan**

_____ **Sample Weekly Menu**

_____ **Floor Plan & Square Footage Report (2 Separate Forms)**

_____ **Written Emergency Evacuation Form** (See the bottom of the Fire Safety Record and Evacuation Plan form for directions)

_____ **Fire Safety Inspection** (A certificate of approval from the State Fire Marshall, or the official designee, indicating the fire safety rules have been met)

_____ **Health Inspection** (A certificate from public health authorities certifying the approval of the facility following inspection by local authorities)