

State of Montana  
Department of Public Health and Human Services  
Quality Assurance Division

**FAMILY /GROUP DAY CARE  
NEW PROVIDER APPLICATION CHECKLIST**

**PLEASE ATTACH:**

- New Application Form** (must be completed in full, signed, dated, and notarized)
  - Insurance Verification Form** (Must be completed and signed by Insurance Agent)
    - Current Public Liability Insurance       Current Fire Insurance
  - Activity Schedule / Written Plan**
  - Sample Weekly Menu**
  - Floor Plan / Square Footage Report**
  - Written Fire / Evacuation Plan** (see the directions on the Fire Safety Record and Evacuation Plan Form)
  - Release of Information** (must be completed in full, signed, dated, and notarized)
    - Yourself       Your Spouse       Any Additional Workers
    - Anyone living in the house age 18 or older
  - Statement of Health** (must be completed in full, signed, and dated)
    - Yourself       Your Spouse       Any Additional Workers
    - Anyone living in the house age 18 or older
  - Immunization Records** (MMR-Measles, Mumps, Rubella; Td-Tetanus Diphtheria – See Page 2 of Application)
    - Yourself       Your Spouse       Any Additional Workers
    - Anyone living the house age 18 or older
  - First Aid Certification**
    - For Anyone Providing Direct Care To Children
  - Infant, Child, and Adult CPR Certification**
    - For Anyone Providing Direct Care To Children
- } CPR /  
First Aid  
courses  
must be  
hands-on
- Out of State Background Checks** (must be fingerprint based)
    - Yourself       Your Spouse       Any Additional Workers
    - Anyone living in the house age 18 or older
  - Verification of Safe Sleep Training**
    - For all Care Providers / Staff caring for infants 0-24 months of age

**Mail Completed Packet To:**  
DPHHS/QAD/Child Care Licensing  
PO Box 202953  
Helena, MT 59620-2953

Phone: (406) 444-0479