

CENTER DAY CARE
NEW APPLICATION CHECKLIST

PLEASE ATTACH:

- New Application Form** (Must be completed in full, signed, and notarized)
- W-9 Tax ID Form**
- 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
- 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 we need a criminal background check from that state or states.
- 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)** (please check the cards for current dates)
 - For all caregivers
- 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)