

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)
- W-9 Tax ID Form** (Please submit 2 copies)
- 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
- Any One Else Living In The House Age 18 or Over
- Statement of Health** (must be completed in full, signed, and dated)
- Yourself Your Spouse Any Additional Workers
- Any One Else Living in the House Age 18 or Over
- Immunization Records** (MMR-Measles, Mumps, Rubella; Td-Tetanus Diphtheria – See Page 2 of Application)
- Yourself Your Spouse Any Additional Workers
- Any One Else Living in the House Age 18 or Over
- First Aid Certification** (For Anyone Providing Direct Care To Children)
- Infant, Child, and Adult CPR Certification** (For Anyone Providing Direct Care To Children)
- Out of State Background Checks** (must be fingerprint based)
- Yourself Your Spouse Any Additional Workers
- Any One Else Living in the House Age 18 or Over

Mail Completed Packet To:

DPHHS/QAD/Child Care Licensing
PO Box 202953
Helena, MT 59620-2953

Phone: (406) 444-9460