

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
R. 11/2023 [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 truthful and correct. Complete this form in its entirety. Incomplete renewal forms will not be processed. Please contact the Division of Regulated Child Care if there are 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 old – 12 years old):

SECTION 2: Answer yes or no to each question. If yes, please explain on back of form.

1. Have you moved in the past year? Yes No
2. Have your hours of operation changed in the past year? Yes No
3. Are there any adults previously listed on your application/renewal form that no longer reside in the certified child-care home?
 Yes No
4. Are there any assistants/substitutes previously listed on your application/renewal form that no longer work in the certified child-care home since your last application/renewal form? Yes No
5. Are there any related children (your own children, grandchildren, nieces, nephews, stepchildren, children in legal custody) that have become 18 or are no longer in the certified child-care home during operating hours? Yes No
6. Are there any adults and/or assistants/substitutes in the certified child-care home that have been added in the past year?
 Yes No
7. Are there any related children (your own children, grandchildren, nieces, nephews, stepchildren, children in legal custody) that have not been, but are now in the certified child-care home during operating hours? Yes No
8. Have you changed your employment or vocational status, paid or unpaid, in the past year? 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.

Falsification of application information, including required supplemental documentation, 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 (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**