



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Matthew G. Bevin
Governor

Division of Regulated Child Care
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Adam M. Meier
Secretary

Steven D. Davis
Inspector General

Re: Renewal of Child-Care Licenses and Certificates

Dear Kentucky Licensed and Certified Child-Care Providers:

Kentucky child-care administrative regulations 922 KAR 2:090, Section 13 and 922 KAR 2:100, Section 3 state that licensed child-care providers and certified family child-care homes must submit a renewal form:

- **One (1) month prior to the anniversary of the regular license's effective date or if certified, one (1) month prior to the expiration of the provider's certification and**
- **On a completed "Child-Care Center License Renewal Form" or "Certified Family Child-Care Home Renewal Form" with required documentation and fee.**

Incomplete forms will result in the delay of the renewal of the license/certification process and may result in expiration. Forms received after the anniversary of the effective date or expiration date will result in the expiration of the license/certificate and may result in non-payment for providers participating in the Child Care Assistance Program (CCAP). In the event that the license/certificate expires, the provider will be required to complete an initial application and progress through the initial license or certification process.

If you need assistance completing the renewal form, please contact your assigned compliance analyst in our office. A map is provided below for contact information.

Thank you for the essential service that you provide to Kentucky's families and children.

Date Fee Received:	Amount: \$	Check/MO Number:	Staff Initials:	Expiration Month/Year:
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DO NOT WRITE ABOVE THIS LINE – OFFICIAL USE ONLY

OIG-DRCC-06
8/2018
922 KAR 2:090

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Office of Inspector General
Division of Regulated Child Care



CHILD-CARE CENTER LICENSE RENEWAL FORM

Instructions: All information on this form must be true and correct. Complete this form in its entirety. An incomplete renewal form will not be processed. Please contact the Division of Regulated Child Care if you have any questions.

SECTION 1: PROGRAM INFORMATION THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Name of Center as it is to appear on license:	License Number: L _____
Center Email Address:	Telephone Number: ()
	Alternate Telephone Number: ()

Do you participate in the USDA food program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide “Early Head Start” programming? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide “Head Start” programming? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 2: Please use the back of this form to explain any questions to which you responded “yes” in this section.

1. Have you changed the FEIN number since you filed your last application or renewal form? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you changed the mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you changed the hours of operation or services since you filed your last application or renewal form? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you altered the square footage of your licensed space? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you changed the director since you filed your last application or renewal form? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you designated a different lead representative/contact person since you filed your last application or renewal form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their name, title, home address, city, state, zip code, county of residence, email address, social security number, date of birth, home telephone number and cell/mobile number on back of form. Also please attach the National Background Check Program findings for the individual.
7. For a Type II facility, have the number of adults changed in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. For a licensee, have the members or Board of Directors of the company or partnership changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name, address and telephone number of anyone who will provide supervision to a child in care.

Pursuant to 922 KAR 2:090, Section 12(4)(a), 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 child-care center. I also understand that KRS 620.030 requires that an individual shall promptly make a report to the proper authorities when the individual has reasonable cause to suspect that a child has been abused, neglected or exploited at home, child-care center or any other location.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care center.

I hereby attest that the information contained in this application is truthful and correct under penalty of perjury.

_____ Signature of Licensee or Lead Representative	_____ Title	_____ Date
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Print Full Name

Person completing application if *other than* Licensee or Lead Representative

Name: (Print)
Telephone number: ()

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 \$25.00. 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