

Medalismon Language Office								
DATE:	3/30/18	TAX EXEMP	T#B-633	PURCHASE ORDER# 2018-243				
Vendor Name:	Ky Stafe Tr	easurer	SHIP TO:					
Contact Person:	Divisionof	Regulated						
	_215 E. Ma	Edrare						
City/State/Zip:	Frankfort	5E-F Ky-40621	BILL TO:	Livingston Co. Boardof Ed.				
Phone Number:				P.O. (30x219 Smith land, Ky: 42081				
Fax Number:		·						

ITEM NO.	PLY THE FOLLOWING IT DESCRIPTION	Org. Code	Obj. Code	Project Code	QTY	UNIT COST	TOTAL AMOUNT
	NorthCARES				·		25.α
	License Renewalfee # L383561						
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	South CARES						ZS.00
	South CARES License RenewalF	oe ·	·				
	世上383551	-					
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Ja	MMy Sayl		_		Ha	SUBTOTAL ipping Charges ndling Charges	50.00
_	ORDERED BY					TOTAL DUE	\$50.00

APPROVED BY

Review/Revised:7/11/2016

Date Fee Received:		The contract of the state of th
Date Fee Received:	0.0000111041	

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OIG-DRCC-06 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 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: PROGRAM INFORMATION THIS S	ECTION MUST BE COMPLETED IN ITS E	15-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
Name of Center as it is to appear on license:		License Number: L 383551						
South CARES Daycare	Telephone Number:							
Center Email Address:	(270) 928-3500							
Betty. Myrick @ Livings	Alternate Telephone Number: (270) 816 - 3798							
Are you a part of the food program? eYes □ No	Are you an Early Head Start Program?	Are you a Head Start Program? □ Yes ☑No						
SECTION 2: Answer yes or no to each question	If yes, please explain on back of for	$\mathbf{m}_{\mathbf{n}}$						
1. Has your FEIN number changed in the past year?	Yes 🗹 No							
2. Has your mailing address changed? □ Yes 교No	,							
3. Have your hours of operation or services changed s	ince your last inspection? □ Yes □/No							
4. Have there been any alterations in the square footag	ge of your usable space? □ Yes ᢧŃo							
5. Has your director changed since your last inspection	n? a Yes a No	,						
6. Has your licensee/lead representative/contact person changed since your last application/renewal? ☐ Yes ☑ 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. Are you a Type II facility? □ Yes ☑ No If yes, have there been any changes in the numb If yes, please explain on back of form.	per of adults in your home? □ Yes □ No							
Pursuant to 922 KAR 2:110 Section 6(4), I understand that I a significantly impacts the operation of this child-care center.	m required to immediately notify the Office of In	spector General of any action or change that						
Falsification of application information is grounds for denial or n	evocation of the license to operate a child-care o	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						
Print Full Name								
Person completing application if other than License	e or Lead Representative_							
Name: (Print) Tammy Soyle								
Telephone number: (270) 928-3604								
This renewal form must be accompanied by a non-refun	dable certified check, business check or mo	oney order made payable to the						

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

	Date Fee Received:			Charles All A	1174 13 (A P)		Europeation Signiff.		
								I COL.	

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CHILD-CARE CENTER LICENSE RENEWAL FORM

Instructions: All information on this form 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: PROGRAM INFORMATION THIS:	SECTION MUST BE COMPLETED IN ITS	ENTIRETY	
Name of Center as it is to appear on license:	License Number: L 3835(6)		
North CARES Daycare	Telephone Number:		
Center Email Address: Betty. My(ick O) Living stor	Alternate Telephone Number:		
	(270) 8/6-3798 Are you a Head Start Program?		
Are you a part of the food program? ∠Yes □ No	□ Yes tr-No		
SECTION 2: Answer yes or no to each question	to the transplant of the control of		
1. Has your FEIN number changed in the past year?	g Yes ±rNo		
2. Has your mailing address changed? □ Yes it No			
3. Have your hours of operation or services changed s	since your last inspection? □ Yes ⊅No		
4. Have there been any alterations in the square foota	ge of your usable space? □ Yes ⅳNo		
5. Has your director changed since your last inspectio	n? ⊄Yes □ No		
Has your licensee/lead representative/contact personal lifyes, please provide their name, title, home ad number, date of birth, home telephone number. Background Check Program findings for the indicated in the life	dress, city, state, zip code, county of resid and cell/mobile number on back of form. A	ence, email address, social security	
7. Are you a Type II facility? □ Yes ☑ No If yes, have there been any changes in the num If yes, please explain on back of form.	ber of adults in your home? □ Yes □ No		
Pursuant to 922 KAR 2:110 Section 6(4), I understand that I significantly impacts the operation of this child-care center.	am required to immediately notify the Office of	Inspector General of any action or change tha	
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	n is truthful and correct under penalty of perjury.		
Signature of Licensee or Lead Representative	Title	Date	
Print Full Name			
Person completing application if other than License	ee or Lead Representative		
Name: (Print) Tammy Sayle			
Telephone number: (270) 928 - 360	4		

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

275 E. Main Street, 5 E-F Frankfort, KY 40621