

Department of Human Services
Office of Inspector General
Licensing Division - Family Systems
Family Child Care Licensing Checklist

NAME (Last, First, MI)		DATE COMPLETED	
ADDRESS		EMAIL	
CITY		STATE	ZIP CODE
CO-APPLICANT (Last, First, MI)		(AREA CODE) TELEPHONE NUMBER	

PROGRAM (9502.0415)

1. Describe a typical day in child care (include creative activities, TV/video, outdoor play, reading) (9502.0415, subpart 1.)

2. What type of structured activities do you do with the children? (9502.0415, subpart 1, 4, 6, 8, 10)

3. Are activities scheduled indoors and outdoors, weather permitting? (9502.0415, subpart 1.A.)

4. How is outdoor play supervised? (9502.0315, subpart 29.A. and 9502.0365, subpart 5)

PHYSICAL ENVIRONMENT AND SAFETY FACTORS (9502.0425)

1. List all the rooms used for child care. (9502.0425, subpart 1) _____

For initial licensing: Approved floor plan with square footage attached.

2. Have you done any remodeling to your home since your last renewal? YES NO
If yes, describe (example: room addition, patio, deck) (9502.0425, subparts 14 & 15) _____

3. If there have been any additions or remodeling, do these areas have at least two means of escape? (9502.0425, subpart 4) YES NO N/A

WORKER ONLY

If one exit is a window, does it:

- a) Open without special knowledge, and YES NO N/A
- b) Have a clear opening of at least 5.7 square feet (with a minimum of 20 inches wide, a minimum of 24 inches high, and is it no more than 48 inches off the floor?) YES NO N/A
- 4. If you have a deck, will this ever be used by children in care? YES NO N/A
(9502.0425, subpart 11)

If not used for child care, how is access prevented for children in care? _____

- Is the deck 30 inches or less above the ground? (9502.0425, subpart 11) YES NO
- Is there a guard? (9502.0425, subpart 11) YES NO

How high is the guard rail? (9502.0425, subpart 11) _____
Is it enclosed properly? (9502.0425, subpart 11) YES NO

- 5. Is your basement used for childcare? (9502.0425, subpart 1. B) YES NO N/A
- If yes, do you have two means of escape that meet fire code? YES NO
(9502.0425, subpart 4)

How is your furnace/water heater/workshop area(s) separated from the play area? (9502.0425, subpart 7 E)

- 6. Are all stairways, both indoors and outdoors, with three or more steps equipped with handrails? YES NO N/A
(9502.0425, subpart 10.A)
- Is the area between the handrail and the stair tread enclosed properly? YES NO N/A
(9502.0425, subpart 10. B)
- Is the back of the stair riser enclosed? (9502.0425, subpart 10. B) YES NO N/A
- Do you have a gate, barrier, or door on your stairways for children between 6 and 18 months of age? (9502.0425, subpart 10.C) YES NO N/A

- 7. Do you have a fire extinguisher with a minimum rating of 2A10BC located near the kitchen? (9502.0425, subpart 16) YES NO
- Is it operational? (9502.0425, subpart 16) YES NO
- Do you know how to use it? (9502.0425, subpart 16) YES NO
- When was it last serviced? _____/_____/_____ (MO/DAY/YR)

- 8. Do you have a working smoke detector located on each floor? YES NO
(9502.0425, subpart 17)
- When were they last tested? _____/_____/_____ (MO/DAY/YR)

- 9. Are all gas, coal, wood, kerosene or oil heaters, fireplaces, wood burning stoves, space heaters, steam radiators, and furnaces installed in accordance with the state building code? YES NO
(9502.0425, subpart 7. A, B, and D)
- Are combustible items kept at least 36 inches from the furnace or other heating sources? YES NO
(9502.0425, subpart 7. C)

Are all wood burning stoves, fireplaces, space heaters, radiators, and other hot surfaces protected so children do not have access to them when in use? YES NO
(9502.0425, subpart 7. D)

10. Are emergency telephone numbers posted near the phone? (9502.0435, subpart 8)
 911 YES NO
 Poison Control YES NO
 Do you have an emergency substitute? YES NO
 Name of emergency substitute _____

11. Are all toxic or hazardous materials kept out of reach? YES NO N/A
(9502.0435, subpart 4 and 6)

12. List location of the following items, indicating if area is locked, and how these items or area will be inaccessible to children in care. (9502.0435, subpart 4 and 6)

Medicines & vitamins _____ Matches & lighters _____
 Sharp knives _____ Cleaning supplies _____
 Plastic bags/wrap _____ Scissors _____
 Sewing equipment _____ Alcoholic Beverage _____
 Personal Care Items _____ Tools _____
 Other toxic or hazardous items _____ Poisonous Plants _____

13. Do you have any firearms & ammunition in your home or on your property? YES NO
(9502.0435, subpart 5) **These must be locked and stored in separate areas.**

If yes, where do you store you firearms? _____

Where do you store the ammunition? _____

14. Do you have the following items in your first-aid supplies? (9502.0435, subpart 7)

Sterile compresses	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ice pack/ cold pack	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Thermometer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	First-aid manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bandages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Scissors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tape	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mild Liquid Soap	<input type="checkbox"/> YES	<input type="checkbox"/> NO

15. Can your bathroom be opened from the outside if locked, and is the unlocking device near the door?
(9502.0425, subpart 12. B) YES NO

16. Do you have a swimming pool used by children in care? YES NO
(9502.0425, subpart 3)

If yes, are you complying with MN Statutes, Section 245A.14, subdivision 11? YES NO

Do you have a wading pool used by children in care? YES NO
(9502.0425, subpart 3)

If yes, are you complying with MN Statutes, Section 245A.14, subdivision 10? YES NO

NOTE: How is the pool inaccessible when not in use? (9502.0425, subpart 3) _____

17. If you use a swimming pool or a beach, is the attendant present trained in first aid and resuscitation?
(9502.0425, subpart 3) YES NO

18. Do you live on a high traffic street or highway, near water, or near railroad tracks?
(9502.0425, subpart 2) YES NO

If yes, circle all that apply: High traffic street or highway Near water Near railroad tracks

19. Is your yard fenced? YES NO

SANITATION AND HEALTH (9502.0435)

1. Are garbage containers and rubbish inaccessible to infants and toddlers?
(9502.0435, subpart 3) YES NO

Where do you keep your garbage and rubbish containers? (9502.0435, subpart 3)

Indoors _____

Outdoors _____

2. Do you have any pets? (9502.0435, subpart 12) YES NO

If yes, what type of pet(s) do you have? _____

Date of last rabies shot for dogs and cats (9502.0435, subpart 12. C) _____/_____/_____
_____/_____/_____ _____/_____/_____

Expiration date of shots: _____/_____/_____
_____/_____/_____

Where are pet cages/litter boxes located? _____

Are they away from food preparation, food storage or serving areas?
(9502.0435, subpart 12. D) YES NO N/A

Are birds clear of the bacteria chlamydia-psittaci? (9502.0435, subpart 12) YES NO N/A

Is the play area free of animal excrement? (9502.0435, subpart 12. E) YES NO N/A

3. Have there been any animal bites since your last renewal?
(9502.0435, subpart 12. F and G) YES NO N/A

If yes, were parent and health officials notified on the same day?
(9502.0435, subpart 12. F) YES NO N/A

4. Are separate towels, washcloths, cups, combs, and other personal articles used for each child?
(9502.0435, subpart 10) YES NO

5. Are children's hand washed with soap and water when soiled, after use of a toilet or training chair, and
before eating? (9502.0435, subpart 15) YES NO

6. Are diapers and clothing kept clean and dry and changed when wet or soiled?
(9502.0435, subpart 13. B) YES NO N/A

Where do you change diapers? (9502.0435, subpart 13. D) _____

Do you use a washable, non-absorbent surface? (9502.0435, subpart 13. D) YES NO N/A

If yes, describe _____

Do you wash this surface with a solution of soap and water if it is soiled? (9502.0435, subpart 13. D) YES NO N/A

If yes, describe _____

Do you disinfect this surface with a solution of chlorine bleach and water after each diaper change? (2 teaspoons of bleach to 1 quart of water) (9502.0435, subpart 13. D) YES NO N/A **OR**

Do you disinfect this surface with some other type of surface disinfectant after each diaper change? (245A.148) YES NO N/A

If yes, name product _____

If yes, does the manufacturer's label or instructions state that the product is registered with the US Environmental Protection Agency? YES NO N/A

If yes, does the manufacturer's label or instructions state that the disinfectant is effective against Staphylococcus Aureus, Salmonella Enterica, and Pseudomonas Aeruginosa? YES NO N/A

If yes, does the manufacturer's label or instructions state that the disinfectant is effective with a ten minute or less contact time? YES NO N/A

If yes, does the manufacturer's label or instructions clearly state directions for mixing and use? YES NO N/A

If yes, is the disinfectant used only in accordance with manufacturer's directions? YES NO N/A

If yes, does the product NOT include triclosan or derivatives of triclosan? YES NO N/A

Are soiled cloth diapers (except for a diaper service), plastic pants, and clothing placed in a plastic bag and sent home with the parents daily? (9502.0435, subpart 13. F) YES NO N/A

Are children washed with a single-service disposable wipe or clean cloth before rediapering? (9502.0435, subpart 13. E) YES NO N/A

Where are soiled diapers placed? (9502.0435, subpart 13. C) _____

Is this inaccessible to children and emptied when full (at least once daily)? (9502.0435, subpart 13. C) YES NO N/A

Are clean diapers inaccessible to children? (9502.0435, subpart 13. A) YES NO N/A

Are all cloth diapers labeled with the child's name? (9502.0435, subpart 13. A) YES NO N/A

7. Do you or any caregiver or helper wash hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparation? (9502.0435, subpart 15) YES NO N/A

Do you use a single-use towel to dry your hands? (9502.0435, subpart 15. B) YES NO

8. Are toilet-training chairs, stools, and seats washed with soap and water when soiled or at least daily? (9502.0435, subpart 14) YES NO

9. How many of each of the following do you have for child care use? (9502.0415, subparts 5, 7, and 9)

Cribs _____ Mesh Sided Cribs _____ Playpens _____ Beds _____

Cots _____ Sleeping bags _____ Mats _____ Sofa _____

Where do you sleep infants? (245A.1435) Cribs _____ Mesh Sided Cribs _____ Other _____

If other, please explain _____

Have you completed the monthly crib safety inspection form for each crib in use? (245A.146) YES NO

Do you have documentation of the brand name and model number for each crib used by or accessible to children in care? (245A.146, subdivision 2) YES NO

Have you annually checked the crib brand name and model number against the US Consumer Product Safety Web site and taken appropriate actions regarding unsafe cribs? (245A.146, subdivision 3) YES NO

Have you conducted and documented, at least monthly, safety inspections for every crib used by, or accessible to children in care? (245A.146, subdivision 4) YES NO

Provide documentation to your licensor

All rigid sided full-size and non-full-size cribs used or accessible in my family child care program meet the December 2012 federal safety standards under the Code of Federal Regulations, title 16 part 1219 or part 1220. YES NO

Documentation of compliance for each crib is available and my licensor has verified it? **If NO, provide documentation to your licensor** YES NO

10. Do you place each infant under one year of age to sleep in the crib with items other than a pacifier? (245A.1435) YES NO

If yes, explain in more detail: _____

11. Do you place infants to sleep on their back? (245A.1435) YES NO

Do you place infants to sleep in any other position other than their back? YES NO

If yes, please explain: _____

If yes, do you have a signed physician directive for an alternative sleep position for the infant? (245A.1435) YES NO

Do you have any infants in care that independently roll onto their stomach after being placed to sleep on their back? YES NO

If yes and if the infant is not at least 6 months of age, do you have a signed statement from the parent indicating that the infant regularly rolls over at home? YES NO

If an infant falls asleep before being placed in a crib:

Do you move the infant as soon as practicable to a crib? YES NO

Do you keep the infant within sight until they are placed in a crib? YES NO

Please explain your practice: _____

Do you know that a sleeping infant must **not be** in a position where the airway may be blocked or with anything covering the infant's face? YES NO

12. Do you swaddle infants? (245A.1435) YES NO

If yes, do you have an informed written consent from the parent to do so? YES NO

Provide documentation of consent to your licensor

If yes, do you swaddle infants in a one piece sleeper equipped with an attached system that fastens securely only across the upper torso with no constriction of the hips or legs? YES NO

OR

Do you swaddle infants in a blanket? YES NO

Do you use other methods to swaddle infants? YES NO

If yes, please explain: _____

13. In-person checks are **encouraged** to monitor sleeping infants in care. (245A.147, subdivision 1)

Do you conduct in-person checks on sleeping infants throughout the hours of sleep every 15 minutes during the first four months of care? YES NO

For all other infants, do you conduct in person checks throughout the hours of sleep every 30 minutes? YES NO

Do you conduct in-person checks on sleeping infants throughout the hours of sleep every 15 minutes when an infant has an upper respiratory infection? YES NO

In addition to the in-person checks, do you use and maintain an audio or visual monitoring device to monitor each sleeping infant during all hours of sleep? YES NO (245A.147, subdivision 2)

If you use different methods of monitoring sleeping infants, please describe:

14. Is clean, separate bedding provided for each child in care? (9502.0435, subpart 11) YES NO

Do your crib sheets fit tightly so they overlap the underside of the mattress and cannot be dislodged by pulling on the corner of the sheet with reasonable effort? (245A.1435) YES NO

15. Is drinking water available and offered to children (including older infants) at frequent intervals? (9502.0445, subpart 1. B) YES NO

Are separate or single-service cups or bottles used? (9502.0442, subpart 1. B) YES NO

16. What do you use for a water supply for drinking, cooking, and/or food prep? (9502.0445, subpart 1. A) Municipal water supply Bottled Water Well water—if well water, what is the date of the most current test? _____/_____/_____(MO/DAY/YR)

Have a copy of the well water test available for licensor.

17. Is your water temperature at or below 120 degrees Fahrenheit? (9502.0435, subpart 15. A) YES NO

18. Do you use only pasteurized milk for children in care? (9502.0445, subpart 2) YES NO

19. Do you participate in the USDA Food Program? (9502.0445, subpart 3. A) YES NO

If yes, which one: _____

If no, do you provide the basic food groups? (9502.0445, subpart 3. A) YES NO
Provide a sample menu to your licensor.

20. Are all foods, lunches, and bottles brought from home labeled with the child's name and refrigerated when necessary? (9502.0445, subpart 3. D) YES NO

Is refrigerator no more than 40 degree F? (9502.0445, subpart 4. B) YES NO

Are bottles washed after use? (9502.0445, subpart 3. D) YES NO

MISCELLANEOUS SAFETY

1. Are electrical outlets covered in the areas of your home which are used by the children in care under first grade? (9502.0425, subpart 18. A) YES NO

2. Do you use extension cords as a substitute for permanent wiring? (9502.0425, subpart 18. C) YES NO

3. Do you transport children in care in your vehicle? (9502.0435, subpart 9) YES NO

If so, have you received training on child passenger restraint systems? (245A.50, subdivision 6) YES NO

Date training received: _____/_____/_____ (MO/DAY/YR)

Do you have written permission from parents to transport children in care? (9502.0435, subpart 9. D) YES NO

Do you comply with all seat belt and child passenger restraint systems required under section 169.685? (245A.18, subdivision 1) YES NO

Are all other children securely fastened in seat belts? (9502.0435, subpart 9. A) YES NO

Is your vehicle licensed according to state law? (9502.0435, subpart 9.C) YES NO

Does the driver of the vehicle hold a current valid driver's license? (9502.0435, subpart 9.C) YES NO

NOTE: Children may not be left unattended in any vehicle. (9502.0435, subpart 9. E)

4. Is your child care license posted in a prominent place? (9502.0335, subpart 10) YES NO

If yes, where is it posted? _____

Are correction orders and negative actions received posted as required? (245A.06, subdivision 8 and 245A.07, subdivision 5) YES NO N/A

Do you have an emergency exit plan on file? (9502.0435, subpart 8. F) YES NO

LICENSE HOLDER TRAINING REQUIREMENTS

1. List child care-related training you have taken since your last relicensing: (16 hours of training is required annually) (245A.50, subdivision 7)

All approved training for applicants and providers can now be found at Develop located at www.developtoolmn.org You can also register and keep track of your training, including training for other caregivers, and print out training records from the website to provide to your licensor.

	Date	Hours
***New Applicants ONLY- You must complete the following required training prior to being licensed:		
Child Growth and Development/Behavior Guidance (4 hours) (245A.50, subd. 2) also known as (AKA): "Developmentally Appropriate Behavior Guidance" listed at developtoolmn.org		
Sudden Unexpected Infant Death (SUID – formerly SIDS) (if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
Abusive Head Trauma (AHT – formerly SBS) (if caring for children under school age) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
First Aid (245A.50, subd. 3)		
Cardiopulmonary Resuscitation (CPR) (245A.50, subd. 4)		
Child Passenger Restraint (if transporting children under 9) (245A.50, subd. 6)		
Supervising for Safety (6 hour course ONLY) (245A.50, subd. 9)		

Required License Holder Training	Date	Hours
Child Growth & Development/Behavior Guidance Training (required annually)(245A.50, subd. 2) (formerly any Core Competency IV OR I & IV course) ## Any MN Knowledge & Competency Framework (KCF) Content Area 2C course listed at developtoolmn.org will meet both Child Growth & Development/Behavior Guidance Training. Any KCF Content Area 1 course listed at developtoolmn.org will ONLY meet child growth & development An additional course under KCF Content Area 2C would need to be completed to meet both Child Growth & Development/Behavior Guidance Training.		
Sudden Unexpected Infant Death (SUID – formerly SIDS) (every 2 years if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
Abusive Head Trauma (AHT – formerly SBS) (every 2 years if caring for children under school age) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
First Aid (required every 2 years)(245A.50, subd. 3)		
Cardiopulmonary Resuscitation (CPR)(required every 2 years) (245A.50, subd. 4)		
Child Passenger Restraint (required every 5 years if transporting children under 9) (245A.50, subd. 6)		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any "Active Supervision:" course listed at developtoolmn.org		
Additional courses that comply with 245A.50, subd. 7 to ensure 16 hours completed		
**2nd Year Required Training. You must complete the following training annually:		
Child Growth & Development/Behavior Guidance Training (required annually)(245A.50, subd. 2) (formerly any Core Competency IV OR I & IV course) See ## above		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any "Active Supervision:" course listed at developtoolmn.org		
Sudden Unexpected Infant Death (SUID- formerly SIDS) (required every 2 years if caring for infants)(245A.50, subd. 5)Available in-person or thru Eager to Learn OR SUID Videos (required on off year) (245A.50 subd. 5)		
Abusive Head Trauma (AHT – formerly SBS) (required every 2 years if caring for children under school age)(245A.50, subd. 5)Available in-person or thru Eager to Learn OR AHT Videos (required on off year) (245A.50 subd. 5, e)		
Additional courses that comply with 245A.50, subd. 7 to ensure 16 hours completed		

OTHER CAREGIVERS TRAINING REQUIREMENTS

1. Will there be any adult caregivers working with you in your child care on a regular basis? (9502.0365, subpart 5) YES NO

If yes, name: _____

2. Have adult caregivers completed the required training? (see below) YES NO

3. For adult caregivers, 16 hours of training is required within one year of date of employment and annually thereafter.(245A.50, subd. 7) Helpers who assist with care on a regular basis must complete six hours of training within one year after the initial date of employment. (245A.50, subd.1. b)

***Other caregivers must complete the following training prior to providing care:	Date	Hours
Child Growth and Development/Behavior Guidance (4 hours) (245A.50, subd. 2) AKA: "Developmentally Appropriate Behavior Guidance" listed at developtoolmn.org		
Sudden Unexpected Infant Death (SUID – formerly SIDS) (if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
Abusive Head Trauma (AHT – formerly SBS) (if caring for children under school age) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
First Aid (245A.50, subd. 3)		
Cardiopulmonary Resuscitation (CPR) (245A.50, subd. 4)		
Child Passenger Restraint (if transporting children under 9) (245A.50, subd. 6)		
Supervising for Safety (6 hour course ONLY) (245A.50, subd. 9)		

Other Caregiver Required Training

Date Hours

Other Caregiver Required Training	Date	Hours
Child Growth & Development/Behavior Guidance Training (required annually)(245A.50, subd. 2) (formerly any Core Competency IV OR I & IV course) ## Any MN Knowledge & Competency Framework (KCF) Content Area 2C course listed at developtoolmn.org will meet both Child Growth & Development/Behavior Guidance Training. Any KCF Content Area 1 course listed at developtoolmn.org will ONLY meet child growth & development. An additional course under KCF Content Area 2C would need to be completed to meet both Child Growth & Development/Behavior Guidance Training.		
Sudden Unexpected Infant Death (SUID- formerly SIDS) (required every 2 years if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
Abusive Head Trauma (AHT – formerly SBS) (required every 2 years if caring for children under school age) (245A.50, subd. 5) Available in-person or thru Eager to Learn		
First Aid (required every 2 years) (245A.50, subd. 3)		
Cardiopulmonary Resuscitation(CPR)(required every 2 years)(245A.50, subd. 4)		
Child Passenger Restraint (required every 5 years if transporting children under 9) (245A.50, subd. 6)		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any "Active Supervision:" course listed at developtoolmn.org		
**2nd Year: All caregivers must complete the following required training annually:		
Child Growth & Development/Behavior Guidance Training (required annually)(245A.50, subd. 2) (formerly any Core Competency IV OR I & IV course) See ## above		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any "Active Supervision:" course listed at developtool.mn.org		
Sudden Unexpected Infant Death (SUID-formerly SIDS)(required every 2 yrs if caring for infants)(245A.50, subd. 5) Available in-person or thru Eager to Learn OR		
SUID Videos (required on off year) (245A.50 subd. 5, e)		
Abusive Head Trauma (AHT– formerly SBS)(required every 2 yrs if caring for children under school age)(245A.50, subd. 5)Available in-person or thru Eager to Learn OR		
AHT Videos (required on off year) (245A.50 subd. 5, e)		

4. For any adult caregiver providing care on a regular basis, is there a physical examination record on file with the agency? (9502.0355, subpart 2. A & B) YES NO

5. Is there a background study on file with the agency? (245A.04, subdivision 3) YES NO

6. Do you use a substitute? (9502.0365, subpart 5) YES NO

NOTE: Substitutes may not be used more than 30 days within any 12 month period

If yes, how often? _____

If yes, is there a background study on file with the agency? (245A.04, subdivision 3) YES NO

Have they completed the required training?

a. Sudden Unexpected Infant Death -SUID (if caring for infants) YES NO

b. Abusive Head Trauma – AHT (if caring for children under school age) YES NO

7. Do you use a helper? (13-18 years of age) (9502.0315, subpart 14) YES NO

NOTE: Children may not be left alone in the care of anyone under age 18.

Have they completed the required training?

a. Sudden Unexpected Infant Death -SUID (if caring for infants) YES NO

b. Abusive Head Trauma – AHT (if caring for children under school age) YES NO

8. In the event of an emergency, vacations or holidays, do you have a substitute who is at least 18 years of age? (9502.0405, subpart 3. L) YES NO

Describe your emergency plan: _____

SUPERVISION

1. Is the caregiver within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of children in care? (9502.0315, subpart 29. A and 9502.0365, subpart 5) YES NO

2. Is the caregiver available for assistance and care for school age children in care? (9502.0315, subpart 29. A and 9502.0365, subpart 5) YES NO

BEHAVIOR GUIDANCE

1. What kind of discipline is used with the children in care? (9502.0395, subpart 1 & 2)

Infants _____

Toddlers _____

Preschoolers _____

Schoolagers _____

Review the following statements regarding behavior guidance and check the appropriate box at the end of the section.

- **Corporal punishment** (physical discipline) is not allowed with the children in care. This includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. (9502.0395, subpart. 2. A)

- **Emotional or psychological abuse** of the children in care is not allowed. This includes but is not limited to name calling, ostracism, shaming, derogatory remarks about the child or child's family, threats that threaten, humiliate or frighten the child. (9502.0395, subpart. 2. A)
- **Food, light, warmth, clothing, or medical care shall not be withheld** from a child. (9502.0395, subpart. 2. B)
- **Discipline and punishment shall not be delegated to another child.** (9502.0395, subpart. 2.C)
- **The separation of a child from a group to guide behavior** must be appropriate to the age of the child and circumstances requiring the separation. (9502.0395, subpart. 2. D)
- **An infant shall not be separated** from the group for disciplinary reasons. (9503.0395, subpart. 2. E)
- **A child shall not be separated** from the group for a period longer than 10 minutes. (9502.0395, subpart. 2. F)
- **A child separated** from the group must be placed in an area or separate room that is well lighted, free from hazards, ventilated, and open to the view of caregivers. (9502.0395, subpart. 2.G.)
- **No child shall be placed in a locked room to separate the child from the group.** (9502.0395, subpart. 2. H)
- **No child is to be punished for toileting accidents.** (9502.0395, subpart. 3. A. and B.)

I understand these statements and will abide by them. YES NO

I do not understand these statements and would like to discuss them with a licensor. YES NO

2. Do you discuss with the parents your child-rearing, sleeping, feeding, and behavior guidance practices? (9502.0405, subpart 1) YES NO

3. Describe your methods of toilet training: (9502.0405, subpart 4. B) _____

BE PREPARED TO SHOW VERIFICATION OF THE FOLLOWING:

INSURANCE

1. Do you carry child care liability insurance? (245A.152) YES NO

If yes, do you inform parents in writing that a current certificate of coverage is available for inspection that includes the date of expiration or next renewal of the policy? YES NO

If no, do you provide an annual notice to parents that you do not carry any liability insurance? (245A.152) YES NO

Provide documentation of the notice with parent signatures to your licensor.

PROVIDER RECORDS, POLICIES, AND REPORTING

1. Do you have daily attendance records for each child for which you are reimbursed by a government program (i.e. CCAP, Early Learning Scholarship)? (245A.14, subdivision 14) YES NO NA

2. Do the attendance records include the child's first/last name and the time the child was dropped off and the time the child was picked up? (245A.14, subdivision 14) YES NO NA

Provide documentation of the attendance records to your licensor.

3. Do you have the following completed forms for each child on file in care? (9502.0405)

- Admission and Arrangement forms (subpart 4. A) YES NO
- Immunization Records (subpart 4. A & C) YES NO
4. Do you have written provider policies available for discussion with parents or agency? (9502.0405, subpart 3.) YES NO
5. Do you have an up-to-date Fire and Storm Drill Log? (9502.0405, subpart 3.H.) YES NO
6. Do you have an operable telephone located within the residence? (9502.0435, subpart 8. A) YES NO
7. Do you have an operable flashlight and battery-operated radio or TV? (9502.0435, subpart 8. E) YES NO
8. For what ages are your toys and play equipment suited? (9502.0415, subpart 3 & 9502.0435, subpart 4)
-
9. Are they safe, in good repair, and free of lead-based paint? YES NO
- Is your supply adequate for the number and ages of children in care? YES NO
10. Have you had any fires requiring the service of a fire department since your last licensing visit? (Must be reported within 48 hours) (9502.0375, subpart 2.C) YES NO
11. Have you had a serious injury (needing treatment by a doctor) or death of a child in care since your last licensing visit? (Must be reported immediately.) (9502.0375, subpart 2. D) YES NO
12. Have you had any suspected cases of physical or sexual abuse or neglect? (Must be reported immediately) (9502.0375, subpart 2. B) YES NO
- Was the abuse/neglect reported? YES NO
13. Have there been any changes in the regular membership of your household? (9502.0375, subpart 2. A) YES NO
- If yes, have these changes been reported to the agency? (MN Statutes 245A.04, subdivision 3) YES NO
14. Have you documented the date you initiated a background study on a new caregiver and the date the new caregiver has direct contact with persons served by the program in their personnel file? (MN Statutes 245A.04, subdivision 3) YES NO
- Provide documentation to your licensor.**
15. Have you or anyone in your household received treatment or counseling for chemical dependency, alcohol, or drugs or other related issues since your last licensing visit? (9502.0335, subpart 6. A) YES NO
- If yes, explain: _____
16. Have you or anyone in your household or employee been charged with or convicted of a felony or misdemeanor, or been involved in any court services for any reason since your last licensing visit? (9502.0335, subpart 6. D and MN Statutes 245C.05, subdivision 6(b)) YES NO
- If yes, explain: _____
- Have you received information about the possible criminal history or maltreatment history of an individual who is subject of a background study? (245C.05, subdivision 6(b)) YES NO
17. If yes, did you provide that information immediately to your licensor? YES NO
- If yes, explain: _____

18. Do you allow smoking in your home during the hours children are in your care? YES NO
(MN Statutes 144.414, subdivision 2)

19. Do you permit smoking in your home outside of the hours you operate your family child care? YES NO

If yes, the license holder must disclose to parents or guardians of children cared for on the premise if the license holder permits smoking outside the hours of operation. Disclosure must include posting on the premises a conspicuous written notice and orally informing parents or guardians.
(MN Statutes, 144.414, subdivision 2)

20. Do you have a current alcohol and drug policy for your program? YES NO
(245A.04, subdivision 1. c)

20. Do you have a current grievance procedure for your program? YES NO
(245A.04, subdivision 1. d)

21. Do you have a current child care program reporting policy? YES NO
(245A.145, subdivision 1)

If yes, have you provided this policy to all parents at time of enrollment? YES NO

List any special concerns you wish to discuss at the licensing visit or any resource materials you would like:

STATEMENT

I wish to be licensed for family child care. I agree to abide by the licensing standard under Minnesota Department of Human Services Child Care Licensing Rule 9502.0300-9502.0445, and Minnesota Statutes, Chapters 245A and 245C.

Finally, I agree that any documentation that I provide or representations that I make to the commissioner's representative during the time that I am licensed is accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, revocation, or conditional status of my license or denial of my application.

Signature of Applicant	Date
Signature of Co- Applicant	Date

FOR STAFF USE ONLY

Date of Visit	Met With
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FOR STAFF USE ONLY

Classification and Number Licensed for: _____

Describe, if any, restrictions and/or conditional use:

BACKGROUND STUDIES

Applicant /License Holder	BCA	Social Services	Juvenile	Other (if reasonable cause 245C.08, subpart 3)
1.				
2.				
Household Member	BCA	Social Services	Juvenile	Other (if reasonable cause 245C.08, subpart 3)
1.				
2.				
3.				
4.				
5.				

ANNUAL LICENSING EVALUATION (9502.0345, subpart 1. F)

Comments by License Holder:

Comments by the Licensing Worker:

Licensors Signature:

Date:

Enrollment Form

Please complete the following information for all children you have cared for over the last 12 months, whether they are still in care or not and whether they are full or part time. Evaluations will be sent to at least two of these parents. (9502.0367 and 9543.0040, subpart 2. B. (b))

Provider Name _____ Class of License _____

Licenser Name _____

Worker Only

Child's Name	Enrollment start & end date	Sex	Date of Birth	Infant	Toddler	Preschool	School age	Parent Name & Address with Zip Code	Phone Number (both work and home)	Days and Hours of Care	Current or Past	Medication permission	Liability Ins. Notice	A & A	Immunization	Parent Evaluation
1																
2																
3																
4																
5																
6																
7																
8																

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