# Family Child Care Licensing Checklist

**Department of Human Services**  
**Office of Inspector General**  
**Licensing Division - Family Systems**

<table>
<thead>
<tr>
<th>NAME (Last, First, MI)</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>EMAIL</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>CO-APPLICANT (Last, First, MI)</td>
<td>(AREA CODE) TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

## 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
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? (9502.0425, subpart 10.A) ☐ YES ☐ NO ☐ N/A
Is the area between the handrail and the stair tread enclosed properly? (9502.0425, subpart 10. B) ☐ YES ☐ NO

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? (9502.0425, subpart 17) ☐ YES ☐ NO

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? (9502.0425, subpart 7. A, B, and D) ☐ YES ☐ NO

Are combustible items kept at least 36 inches from the furnace or other heating sources? (9502.0425, subpart 7. C) ☐ YES ☐ NO
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)
   □ YES □ NO
   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 □ YES □ NO Ice pack/ cold pack □ YES □ NO
   Thermometer □ YES □ NO First-aid manual □ YES □ NO
   Bandages □ YES □ NO Scissors □ YES □ NO
   Tape □ YES □ NO Mild Liquid Soap □ YES □ NO

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

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? □ YES □ NO (9502.0425, subpart 3)

   October 2016

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   [Type here]
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? □ YES □ NO □ N/A
   (9502.0435, subpart 12. D)
   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)
   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) OR □ YES □ NO □ N/A

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)

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Cribs</td>
<td></td>
</tr>
<tr>
<td>Mesh Sided Cribs</td>
<td></td>
</tr>
<tr>
<td>Playpens</td>
<td></td>
</tr>
<tr>
<td>Beds</td>
<td></td>
</tr>
<tr>
<td>Cots</td>
<td></td>
</tr>
<tr>
<td>Sleeping bags</td>
<td></td>
</tr>
<tr>
<td>Mats</td>
<td></td>
</tr>
<tr>
<td>Sofa</td>
<td></td>
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</tbody>
</table>

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

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? (245A.147, subdivision 2) □ YES □ NO

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

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

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.
### New Applicants ONLY - You must complete the following required training prior to being licensed:

<table>
<thead>
<tr>
<th>Training</th>
<th>Date</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Child Growth and Development/Behavior Guidance (4 hours) (245A.50, subd. 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sudden Unexpected Infant Death (SUID – formerly SIDS) (if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>First Aid (245A.50, subd. 3)</td>
<td></td>
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<tr>
<td>Cardiopulmonary Resuscitation (CPR) (245A.50, subd. 4)</td>
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<tr>
<td>Child Passenger Restraint (if transporting children under 9) (245A.50, subd. 6)</td>
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</tr>
<tr>
<td>Supervising for Safety (6 hour course ONLY) (245A.50, subd. 9)</td>
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### Required License Holder Training

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<thead>
<tr>
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<tbody>
<tr>
<td>Child Growth &amp; Development/Behavior Guidance Training (required annually) (245A.50, subd. 2) (formerly any Core Competency IV OR I &amp; IV course)</td>
<td></td>
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<tr>
<td>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</td>
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<tr>
<td>Child Passenger Restraint (required every 5 years if transporting children under 9) (245A.50, subd. 6)</td>
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<tr>
<td>Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any &quot;Active Supervision:&quot; course listed at developtoolmn.org</td>
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<tr>
<td><strong>Additional courses that comply with 245A.50, subd. 7 to ensure 16 hours completed</strong></td>
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**2nd Year Required Training. You must complete the following training annually:**

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<tr>
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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:***

<table>
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<tr>
<th>Training</th>
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</thead>
<tbody>
<tr>
<td>Child Growth and Development/Behavior Guidance (4 hours) (245A.50, subd. 2) AKA: “Developmentally Appropriate Behavior Guidance” listed at developtoolmn.org</td>
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<td>Sudden Unexpected Infant Death (SUID – formerly SIDS) (if caring for infants) (245A.50, subd. 5) Available in-person or thru Eager to Learn</td>
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<tr>
<td>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</td>
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<tr>
<td>First Aid (245A.50, subd. 3)</td>
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<tr>
<td>Cardiopulmonary Resuscitation (CPR) (245A.50, subd. 4)</td>
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<tr>
<td>Child Passenger Restraint (if transporting children under 9) (245A.50, subd. 6)</td>
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</tr>
<tr>
<td>Supervising for Safety (6 hour course ONLY) (245A.50, subd. 9)</td>
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**Other Caregiver Required Training**

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<th>Training</th>
<th>Date</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Child Growth &amp; Development/Behavior Guidance Training (required annually) (245A.50, subd. 2) (formerly any Core Competency IV OR I &amp; IV course)</td>
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<tr>
<td>Any MN Knowledge &amp; Competency Framework (KCF) Content Area 2C course listed at developtoolmn.org will meet both Child Growth &amp; Development/Behavior Guidance Training. Any KCF Content Area 1 course listed at developtoolmn.org will ONLY meet child growth &amp; development. An additional course under KCF Content Area 2C would need to be completed to meet both Child Growth &amp; Development/Behavior Guidance Training.</td>
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<td>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</td>
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<tr>
<td>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</td>
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<tr>
<td>First Aid (required every 2 years) (245A.50, subd. 3)</td>
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<tr>
<td>Cardiopulmonary Resuscitation(CPR)(required every 2 years) (245A.50, subd. 4)</td>
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<tr>
<td>Child Passenger Restraint (required every 5 years if transporting children under 9) (245A.50, subd. 6)</td>
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<tr>
<td>Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) AKA any “Active Supervision:” course listed at developtoolmn.org</td>
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**2nd Year: All caregivers must complete the following required training annually:**

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<thead>
<tr>
<th>Training</th>
<th>Date</th>
<th>Hours</th>
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<tbody>
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<tr>
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<tr>
<td>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</td>
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<tr>
<td>SUID Videos (required on off year) (245A.50 subd. 5, e)</td>
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<tr>
<td>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</td>
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<td></td>
</tr>
<tr>
<td>AHT Videos (required on off year) (245A.50 subd. 5, e)</td>
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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

   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)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Status</th>
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</table>

9. Are they safe, in good repair, and free of lead-based paint?

- [ ] 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  
Signature of Co- Applicant

FOR STAFF USE ONLY

Date of Visit  Met With
FOR STAFF USE ONLY

Classification and Number Licensed for: ____________________________

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

<table>
<thead>
<tr>
<th>Applicant /License Holder</th>
<th>BCA</th>
<th>Social Services</th>
<th>Juvenile</th>
<th>Other (if reasonable cause 245C.08, subpart 3)</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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<td>Household Member</td>
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ANNUAL LICENSING EVALUATION (9502.0345, subpart 1. F)

Comments by License Holder:

Comments by the Licensing Worker:

Licensors Signature: ____________________________________ Date: ____________________

October 2016
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

Licensor Name

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Enrollment start &amp; end date</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School age</th>
<th>Parent Name &amp; Address with Zip Code</th>
<th>Phone Number (both work and home)</th>
<th>Days and Hours of Care</th>
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Worker Only

| Current or Past | Medication permission | Liability Ins. Notice | A & A | Immunization | Parent Evaluation |
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)

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