

# Guide to Completing the License recommendation (DHS-3324) – NEW –

## Step 1: Locate the License recommendation in the [Licensor Packet \(DHS-3324\)](#).

[H7 Preliminary Information Form \(PIF\) - all license types \(DHS-7779\)](#)

[H8 3324 License Recommendation - all license types](#)

[H9 Withdrawal of License Application DHS-7941 \(3-24\).\(PDF\)](#)

## Step 2: Enter In Application license number and Licensor Code

**TIP:** Bookmark the PIF in your web browser.

DHS-3324-ENG 01-26 (1.2.4)

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

### License recommendation

Enter a license number and licensor code below. Based on the action type chosen after clicking "get data", license information will appear. Review the license information and make appropriate changes as needed.

Then fill in the agency attestation area, attach documentation, if needed, and click "submit". Submission will be sent to DHS for processing and you will receive an emailed copy. For assistance, please reach out to triage.

\*LICENSE NUMBER

\*LICENSOR CODE

\*ACTION TYPE  New  Renewal  Update  Close

You will see this message if any of the information you entered does not match what is in ELMS. Double check the information and reach out to triage if needed.

*The information entered above cannot be processed at this time due to an inactive license state or the licensor code is not assigned to the license number:*

## Step 3: Program / Facility Information

This should automatically be filled in based on the information in ELMS that was provided on the PIF. If you need to make changes to this section, mark the box and then the information will become editable.

**Program / Facility Information**

I need to make changes to this section

PROGRAM NAME  PHONE NUMBER  PROGRAM EMAIL (OPTIONAL)

STREET ADDRESS  CITY  STATE  ZIP CODE  COUNTY

## Step 4: License Holder(s)

Again, if you need to make changes, mark the box to edit those fields. Additionally, there will be some blank fields that required information to be added that were not requested on the PIF.

### License Holder(s)

#### License Holder

I need to make changes to this section

FIRST NAME  MIDDLE NAME  LAST NAME

No Middle Name

STREET ADDRESS  CITY  STATE  ZIP CODE  PHONE NUMBER

No Social Security Number  \* LICENSE HOLDER SOCIAL SECURITY NUMBER  \* DATE OF BIRTH

LICENSE HOLDER MINNESOTA TAX NUMBER  LICENSE HOLDER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

[Add License Holder - Individual](#)

## Step 5: Complete Family Child Care information

### Family Child Care

\* CAPACITY  \* LICENSE CLASSIFICATION/CAPACITY  \* TYPE OF RESIDENCE

\* BACKGROUND STUDY DATE (MUST BE ON OR BEFORE EFFECTIVE DATE)  FIRE INSPECTION COMPLETION DATE (MUST BE ON OR BEFORE EFFECTIVE DATE)

\* OWN OR RENT  \* ATTACHED GARAGE  \* BASEMENT

\* FIRST FLOOR  \* SECOND FLOOR  \* ABOVE SECOND FLOOR

\* INFANTS IN CARE  \* TRANSPORTING CHILDREN UNDER 9

**Capacity:** Identify the capacity for program (which may be lower than what that “license classification” typically allows). For example, a class A license allows up to 10 children, but if a program doesn’t have space for 10 children you may be recommending licensure for a capacity of 8. If you are recommending a capacity for a program that is less than what is allowed for that license type, you will note that in the capacity field. It is helpful if you add a note in the ‘Explain Changes’ box to clarifying that “due to space” or whatever the reason is why you are recommending a capacity for fewer children than what is allowed.

**Residence:** identify the type of building/structure. If you choose “Other” a box appears that provides space for you to explain the type of structure.

**Background study:** list the date that the final study connected to the program cleared – this date must be on or before the initial effective date.

**Fire Inspection:** list the date FM inspection was completed – verifying any deficiencies have been corrected.

**Physical components of the location (attached garage, basement, first floor, second floor, and above second floor):** you will select one of three options


- **Yes:** if the physical structure exists and that space is licensed for FCC
- **No:** if the physical structure does not exist
- **Restricted/Conditional:** if the physical structure exists but there are terms to using that space. For example, often a basement will exist but will only be used as a shelter for emergencies. Or a program may have a second level but only one bedroom is used on the second level to sleep children. When you select Restricted/Conditional, you should be sure to make a case note in the file and/or make a note in ELICI that clearly explains what the terms are for that space.

**Infants:** If the program has completed SUID training and plans on accepting infants then select YES. If they will not be caring for infants, you will choose NO.

## Step 6: Effective Date

**Effective Date**

\* EFFECTIVE DATE      \* DURATION

## Step 7: Dual Licensure Information

Complete this section if the applicant is already licensed for foster care. When you select Yes, a box will appear to enter the other License Number. You will also need to attach the approved Dual Variance Request form before submitting.

### Dual Licensure Information

\* DUAL LICENSE?

Yes     No

## Step 8: Explain Changes

You will make note of any changes in areas where you marked ‘Make changes to this section’ or other items that are unique for this recommendation.

Explain Changes and Updates Requested

## Step 9: Agency Attestation

### Agency Attestation

\* AGENCY STAFF FIRST NAME

\* AGENCY STAFF LAST NAME

\* EMAIL ADDRESS

\* ASSIGNED LICENSOR CODE

\* PHONE NUMBER

TODAY'S DATE

Community Residential Settings (CRS), Adult Foster Care (AFC) and Child Foster Residence Setting (CFRS) may require a 6021 attachment.

Dual License requires an approved Dual Variance.

Other attachments may include:

Special Family Child Care: fire inspections, zoning documents, primary provider of care form, program plan, caregiver qualifications, etc.

CRS: Mental Health Certifications or Alternate Overnight Supervision Variance.

Only PDF, Word, Excel, JPG, GIF, PNG, BMP or text files may be uploaded.

[Attach documentation](#)



I declare under the penalty of perjury that everything I have stated in this document is true and correct. By signing my name in the "Licensor Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

\* AGENCY STAFF SIGNATURE

Submit

**Agency Staff First and Last Name** - person completing the form

**Email Address** - who should receive the confirmation email and copy of the license

**Assigned Licensor Code** - who the case should be assigned to in ELMS

**Phone Number** - worker assigned the case

*If you are submitting initial paperwork for a dual license, you must include a copy of the approval of the dual variance. For SFCC programs, if a FM Inspection was completed then evidence of the inspection and full compliance must be submitted. If the license holder is not also the primary provider of care, then you will need to include the primary provider of care form. Recommendations for all SFCC programs will also require the submission of the SFCC Program Plan.*

## Step 10: Successful Submission Message and Email Confirmation



Thank you for submitting the License Recommendation - 3324 form.

