

Family Systems Licensing Application
 Minnesota Statutes, Chapter 245A (Human Services Licensing Act)
FAMILY Child Care (FCC)
 Minnesota Department of Human Services
 Licensing Division
 Office of Inspector General

Date of Application: _____

Please type or neatly print using black or blue ink. If you do not currently have a license from DHS, you must complete all items on the license application.

1. License Type:

- Individual - the site where services are provided is your primary residence.
- Individual - the applicant is the primary provider of care and the site where services are provided is not your primary residence.
- Individual – the applicant is the primary provider of care and the site where the services are provided is located in a commercial space. (Required documentation for Family Child Care provided in a Commercial Space must include a narrative description of the program, a copy of the compliance with local zoning regulations, AND a copy of the completed Fire Code Inspection designating what type of inspection was completed (Group E. or Group I-4), and of compliance with all Fire Marshal inspection orders.) **This information must be provided at initial application only.**

Check One: New Application **OR** Renewal

2. License History: Are you currently or have you ever been licensed? YES (complete below) NO

Type of License (check all that apply)		
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Child Foster Care <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family Adult Day Services <input type="checkbox"/> Other _____		
License Number	County/ Agency/ State	Effective Dates of License

2.1 Have you ever had a DHS license denied or revoked? Yes No

If yes, list the date of denial or revocation and license type or the license number(s)

DATE OF LICENSE DENIAL	LICENSE TYPE FOR DENIED LICENSE
DATE OF LICENSE REVOCATION	LICENSE TYPE & NUMBER FOR REVOKED LICENSE

*** For additional denials or revocations, please attach additional pages*

3. License holder information

3.1 License holder name(s)/Controlling Individual(s)/Authorized Agent(s)

The license holder is the business entity that is responsible for the license. An “individual” license holder is generally a **sole owner** or **sole proprietorship** where the business is owned and run by one individual and in which there is no legal distinction between the owner and the business. This means you have not formed a corporation (e.g., business, for profit, nonprofit, limited liability corporation) and have not organized as a partnership, association, other organization and are not a government entity. You may have registered with the Minnesota Secretary of State’s office

to use an assumed name, and you may have employees, but you are still a sole owner/sole proprietor. Two or more individuals may be co-applicants or co-license holders if they are not a corporation, partnership, voluntary association, or other organization or government entity. All individual license holders and applicants are also the controlling individuals as defined under section 245A.02, subdivision 5a, and authorized agents as required by section 245A.04, subdivision 1 (b). Attach additional pages if needed.

Full Legal Name of Applicant/Controlling Individual/Authorized Agent			
Street Address (PO Box is not acceptable)		Email Address	Telephone Number
City	County	State	Zip Code

Full Legal Name of Applicant/Controlling Individual/Authorized Agent			
Street Address (PO Box is not acceptable)		Email Address	Telephone Number
City	County	State	Zip Code

3.2 Tax identification information (This information is not public):

You are required to provide your tax identification information, including your Federal Employer ID Number (FEIN), if you have one.

You must provide your Minnesota Tax Identification Number, if you have one. The Minnesota Department of Revenue requires a business to have a Minnesota Tax ID if it collects sales tax on retail sales in Minnesota; has employees and collects withholding taxes; or is a corporation doing business in Minnesota and files a tax return with the Department of Revenue.

For information on registering for a Minnesota Tax ID, go to the Minnesota Department of Revenue website. You must also provide your FEIN, if you have one. This is a nine-digit number you obtained from the Internal Revenue Service (IRS) because you have employees or operate your business as a corporation or partnership.

Individual applicants and license holders must also provide their Social Security Number (SSN). If the FEIN and the SSN are both entered, the FEIN will be used for tax purposes and the SSN will be used for identification purposes only. Tax identification information is not public, except that under section 270C.72, DHS is required to provide the Minnesota Department of Revenue the tax identification number and the Social Security Number of each license applicant. Under the Minnesota Government Data Practices Act, we must advise you that:

- i. This information may be used to deny the issuance of a license, or to revoke a license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- ii. DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.

MN TAX ID (IF YOU HAVE ONE)	SSN(s) (FOR EACH <u>INDIVIDUAL</u> APPLICANT)	FEDERAL EMPLOYER ID NUMBER (FEIN) (IF YOU HAVE ONE)
-----------------------------	--	--

4. Program name and physical location

Please enter the name and physical location of your program. The "Program Name" may be different from the license holder name.

Program Name			
Street Address (PO Box is not acceptable)		Email Address	Telephone Number
City			State Zip Code

5. Dwelling Information (check all that apply)

- Single Family Home
 Duplex/Twin home
 Apartment/Condo
 Townhome
 Mobile Home
 Other
 Owned
 Rented
 Basement
 Second Floor
 Above Second Floor
 Attached Garage
 Wood Burning Stove/Fireplace

6. All Children and Adults/Living and/or Working in the Program (attach additional pages if needed)

Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date
Name (Last, First, MI)	Relationship	Gender	Birth Date

7. References (Required at initial licensure only)

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

Name (Last, First, MI)		
Street Address	Telephone Number	
City	State	Zip Code

8. Class of License (check one)

Licensed Capacity	Adult	Total Capacity	Total under school age	Total infants and toddlers	Maximum # of infants
<input type="checkbox"/> A-Family	1	10	6	3	2
<input type="checkbox"/> B1-Family (Specialized Infant and Toddler)	1	5	3	3	3
<input type="checkbox"/> B2-Family (Specialized Infant and Toddler)	1	6	4	4	2
<input type="checkbox"/> C1- Group Family	1	10	8	3	2
<input type="checkbox"/> C2- Group Family	1	12	10	2	1
<input type="checkbox"/> C3- Group Family	2	14	10	4	3
<input type="checkbox"/> D- Group (Specialized Infant and Toddler)	2	9	7	7	4

9. Hours of Operation

Open from the month of: _____ through the month of _____

Daily Hours :

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

10. Workers compensation insurance verification

You must complete and submit the Certificate of Compliance Minnesota Workers' Compensation Law (MN LIC 04) form with your license application in order for your application to be complete. Under section 176.182 DHS is prohibited from issuing a license until the applicant presents acceptable evidence of compliance with the workers' compensation insurance requirement of Minnesota Statutes, Chapter 176.

Minnesota workers' compensation law requires all employers to purchase workers' compensation insurance or become self-insured. This is often referred to as "mandatory coverage." Employers are generally defined as those who hire another to perform services. Employees are generally defined as people performing services for another, for hire, including minors and workers who are not citizens. For information on worker's compensation insurance requirements go to the Minnesota Department of Labor and Industry website at:

<http://www.dli.mn.gov/WorkComp.asp>.

11. Applicant acknowledgement of public funding reimbursement for licensed services

Under section 245A.04, subdivision 1, DHS license holders who elect to receive *any* public funding reimbursement, including Medical Assistance or Child Care Assistance, for the licensed services, must acknowledge that they will comply with funding requirements, that compliance with those requirements may be monitored by DHS Licensing, and that they know the consequences for noncompliance with those requirements. As a DHS license applicant you must verify whether you intend to receive any public funding by checking the applicable box for item 1 or 2 below. If you check item 2, you are acknowledging the conditions stated in (a) to (c):

1. **I do not elect** to receive any public funding reimbursement for the licensed services.
2. **I do elect** to receive public funding reimbursement for the licensed services and I acknowledge the following:
 - a. I must comply with the provider enrollment agreement or registration requirements for receipt of public funding;
 - b. My compliance with the provider enrollment agreement or registration requirements for receipt of public funding may be monitored by DHS Licensing as part of a licensing investigation or licensing inspection; and
 - c. That noncompliance with the provider enrollment agreement or registration requirements for receipt of public funding that is identified through a licensing investigation or licensing inspection, or noncompliance with a licensing requirement that is a basis of enrollment for reimbursement for a service, may result in:
 - (1) a correction order or a conditional license under section 245A.06, or sanctions under section 245A.07;
 - (2) nonpayment of claims submitted by the license holder for public program reimbursement;
 - (3) recovery of payments made for the service;
 - (4) disenrollment in the public payment program; or
 - (5) other administrative, civil, or criminal penalties as provided by law.

12. Applicant Agreement, Acknowledgement and Verification Form

All Applicant(s)/Controlling Individual(s)/Authorized Agent (s) named above in Section 3, must review and approve the license application before it is submitted to DHS, and must sign below only in the presence of a notary public. For more than one applicant, each applicant must complete a separate signatory page.

***Please note:**

- **Notarization is required at initial application for new applicants**
- **Notarization is required at the next relicensing date for existing license holders**
- **Notarization is only required ONE TIME, and is not needed for subsequent applications at relicensing**

By signing below, I agree that the information that I have provided on this application form is true, accurate and complete. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Statutes, chapter 245A and all applicable laws and rules, at all times during the terms of the license. I acknowledge that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect the facility/service at any time during the hours that services are provided. Further, I acknowledge that the documentation and inspection required by statutes and rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws. Finally, I understand that the Commissioner may fine, suspend, revoke or make conditional, or deny a license if an applicant or a license holder fails to comply fully with the applicable laws or rules, or knowingly withholds relevant information from or gives false or misleading information to the Commissioner in connection with an application for a license or during an investigation.

In accordance with Minnesota Statutes, section 245A.04, subdivision 1, by signing your name you are affirming that you are the individual applicant or the authorized agent for the nonindividual applicant, responsible for dealing with the Commissioner of Human Services on all matters provided for in Minnesota Statutes, Chapter 245A and on whom service of all notices and orders must be made.

I, _____ (print full legal name), being sworn, state that I am the authorized agent for the license holder identified above. I understand that, by signing below, I am responsible for dealing with the commissioner of human services on all matters provided for in Minnesota Statutes, chapter 245A. I also understand that service of all notices and orders affecting any license held by the License Holder identified above may be made on me, in accordance with Minnesota Statutes 2012, section 245A.04, subdivision 1.

Subscribed and sworn to before me on this ____ day of _____, 20____, _____ Notary Public

Signature of Authorized Agent
(WAIT- SIGN ONLY IN FRONT OF A NOTARY PUBLIC)

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 Choleraesuis, 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
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 you 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
---------------	----------

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 _____

Licensors 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																

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
9																
10																
11																
12																
13																
14																
15																
16																

Family Child Care Licensing Equipment List

The provider must have adequate equipment for the number and ages of the children in care. Toys and equipment may be new, used, commercial or homemade, as long as they are appropriate for the ages of the children and activities for which they will be used, safe and in good repair. Toys and equipment with chipped, cracked or peeling paint must be tested to verify the absence of lead or be replaced. The toys have been grouped in six categories. Equipment may be used to meet the requirements of more than one category if the item satisfies more than one of the definitions.

- A. "Cognitive equipment" - equipment designed to enhance intellectual development and stimulate thought processes, such as games and toys which use number, letter, shape, size and color concepts.
- B. "Creative dramatic play equipment" - equipment which can be used to design a setting or space that stimulates the child's imagination and encourages role playing such as dress-up clothes, large or miniature play sets and figures.
- C. "Large muscle equipment" - equipment and accessories to enhance large muscle development and coordination such as pull toys, large boxes and pillows, balls, playground equipment, riding toys, climbers and rocking boats.
- D. "Manipulative" - equipment designed to enhance fine motor development, creativity and coordination such as pegs and pegboards, blocks, puzzles, beads and strings, and interlocking plastic or wooden frames.
- E. "Sand, grain or water play and exploration equipment" - equipment and accessories such as a washtub, sandbox or dish pan and funnels, measuring cups or strainers which encourage learning through exploration and experimentation with water, sand or ground grains.
- F. "Sensory stimulation items" - items of different shape, color and texture which stimulate the child's visual and tactile senses.

Toy Safety Checklist

- Age Labels: In almost every case, an age label is really a hazard label that means children below the stated age can hurt themselves using a toy.
- Small parts: most choking injuries and deaths occur when big toys are dismantled into small parts that choke. Watch for stuffed animal eyes, ears and noses, doll arms and legs, small car wheels, dials, bells, emblems. As for marbles, small balls, blocks and balloons - don't buy them for any child of any age who may be inclined to swallow them. Likewise, don't buy such children any toys that look, smell or taste like anything resembling food.
- Strangulation: toys which contains a rope, chain, string, or elastic band could encircle a child's neck and strangle them. These may not be obvious in toys that require pulling on a cord to operate the toy. Never loop things, like a pacifier string, around a child's neck.
- Toy chests - inspect the lids to make sure they don't close on their own. Otherwise, children looking for toys inside can be struck or suffocated inside the toy chest.
- Points, sharp edges, and projectiles: any rigid edge or surface can cut children, leaving them blinded, scarred, or disfigured. Weaponry toys which invite stabbing or jabbing increase the chance injury. But other toys - such as pedal cars or toy houses - can contain sharp edges which children may remove or fall on. Inspect soft toys for sharp edges that may be hidden inside the toy.
- Infant pillows and cushions - If their texture conforms to the face of a child, they pose a suffocation or SIDS hazard. Also, when such cushions are made or used as chairs, they may be unstable and allow the occupant to fall off and become injured.
- Baby walkers - while many parents think these devices advance their children's motor skills, they discourage children from learning to walk. They allow children to roll down stairs and out of doorways and are responsible for thousands of injuries each year. They are no longer for sale in parts of the US and Canada.

MINIMUM EQUIPMENT LIST

Please check off the items you have available in your home for use.

NEWBORN/INFANTS - 0-12 MONTHS		TODDLER - 12-24 MONTHS	
Required Equipment		Required Equipment	
<input type="checkbox"/>	Infant Seat (or)	<input type="checkbox"/>	Mat (or)
<input type="checkbox"/>	High chair (1 per child)	<input type="checkbox"/>	Crib (or)
<input type="checkbox"/>	Crib (or)	<input type="checkbox"/>	Cot (or)
<input type="checkbox"/>	Porta-crib with waterproof mattress/pad (1 per child)	<input type="checkbox"/>	Bed (or)
<input type="checkbox"/>	Books	<input type="checkbox"/>	Sleeping bag (or)
		<input type="checkbox"/>	Playpen (or)
Large Muscle Equipment		Large Muscle Equipment	
<input type="checkbox"/>	Cardboard boxes to climb in	<input type="checkbox"/>	Balls
<input type="checkbox"/>	Pillows to crawl over	<input type="checkbox"/>	Push and Pull toys
<input type="checkbox"/>	Walkers	<input type="checkbox"/>	Riding Toys
<input type="checkbox"/>	Jumpers	<input type="checkbox"/>	Trucks
Manipulative Equipment - larger than one-inch diameter		Manipulative Equipment - larger than one-inch diameter	
<input type="checkbox"/>	Stacking and nesting toys	<input type="checkbox"/>	Puzzles
<input type="checkbox"/>	Shape ball	<input type="checkbox"/>	Snap Beads
<input type="checkbox"/>	Rattles	<input type="checkbox"/>	Blocks
		<input type="checkbox"/>	Building sets (plastic or wood)
Cognitive Equipment - washable, small enough to grasp but too large to swallow		Cognitive Equipment	
<input type="checkbox"/>	Stacking rings	<input type="checkbox"/>	Puzzles
<input type="checkbox"/>	Snap-lock toys	<input type="checkbox"/>	Shape sorters
Musical Source or Instrument		Musical Source or Instrument	
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Radio
<input type="checkbox"/>	CD Player	<input type="checkbox"/>	CD Player
<input type="checkbox"/>	Tape Recorder	<input type="checkbox"/>	Tape Recorder
<input type="checkbox"/>	Music Box	<input type="checkbox"/>	Rhythm band instruments
Sensory Stimulation		Sensory Stimulation	
<input type="checkbox"/>	Play gym	<input type="checkbox"/>	Pictures
<input type="checkbox"/>	Mobiles	<input type="checkbox"/>	Objects to view
		Creative Dramatic Play	
		<input type="checkbox"/>	Dress-up clothes
		<input type="checkbox"/>	Telephone
		<input type="checkbox"/>	Dolls
		<input type="checkbox"/>	Stuffed Animals
		Sand, Water or Grain Play and Exploration Equipment	
		<input type="checkbox"/>	Dish Pans
		<input type="checkbox"/>	Basters
		<input type="checkbox"/>	Measuring Cups

PRESCHOOLER - 30 MONTHS TO KINDERGARTEN		Sand, Water or Grain Play and Exploration Equipment	
Required Equipment		<input type="checkbox"/>	Dish pans
<input type="checkbox"/>	Mat (or)	<input type="checkbox"/>	Funnels
<input type="checkbox"/>	Bed (or)	<input type="checkbox"/>	Measuring cups
<input type="checkbox"/>	Cot (or)	<input type="checkbox"/>	Strainers
<input type="checkbox"/>	Sofa (or)	Sensory Stimulation Items	
<input type="checkbox"/>	Sleeping Bag (or)	<input type="checkbox"/>	Pictures at eye level
Art and Craft Supplies		<input type="checkbox"/>	Bristle blocks
<input type="checkbox"/>	Tempra or finger paint	<input type="checkbox"/>	Sandpaper letters
<input type="checkbox"/>	Paper	Social, Board or Card Games	
<input type="checkbox"/>	Crayons	<input type="checkbox"/>	Lotto
<input type="checkbox"/>	Paste	<input type="checkbox"/>	Chutes and Ladders
<input type="checkbox"/>	Blunt Scissors	<input type="checkbox"/>	Candyland
<input type="checkbox"/>	Collage materials	<input type="checkbox"/>	Old Maid - Animal Rummy
<input type="checkbox"/>	Play-doh/clay		
<input type="checkbox"/>	Books and magazines		
Manipulative Equipment		School Age Equipment	
<input type="checkbox"/>	Lincoln Logs	<input type="checkbox"/>	Books and magazines
<input type="checkbox"/>	Legos	<input type="checkbox"/>	Social, Board or Card Games
<input type="checkbox"/>	Zoo, farm, airport, etc play sets	<input type="checkbox"/>	Toys and Equipment for other ages
Creative, Dramatic Play Items		<input type="checkbox"/>	Strategy and Skill Games
<input type="checkbox"/>	Dress-up clothes for boys and girls	<input type="checkbox"/>	Legos
<input type="checkbox"/>	Washable soft dolls	<input type="checkbox"/>	Erector Sets
<input type="checkbox"/>	Homemade playhouses (large cardboard box, blanket tent)		
<input type="checkbox"/>	Play kitchens		
Large Muscle Equipment			
<input type="checkbox"/>	Wagon		
<input type="checkbox"/>	Sled		
<input type="checkbox"/>	Wheel toys		
<input type="checkbox"/>	Climbers		
<input type="checkbox"/>	Tunnels		
<input type="checkbox"/>	Slides		
<input type="checkbox"/>	Large building blocks		
<input type="checkbox"/>	Balls		
Music Source or Instrument			
<input type="checkbox"/>	CD Player		
<input type="checkbox"/>	Tape recorder and tapes		
<input type="checkbox"/>	Piano		
<input type="checkbox"/>	Musical Instruments		
Cognitive Equipment			
<input type="checkbox"/>	Number concept games/toys		
<input type="checkbox"/>	Letter shape games/toys		
<input type="checkbox"/>	Puzzles		
<input type="checkbox"/>	Size concepts		
	Color and shape recognition		

**Chisago County Human Services
Child Care Program Plan
9502.0415**

Daycare activities must provide for the physical, intellectual, emotional and social development of the children. Program activities must:

- A. Be scheduled indoors and outdoor, weather permitting;
- B. Be appropriate to the developmental stage and age of the child;
- C. Include active and quiet activity; and
- D. Contain provider-directed and child-initiated activity.

Newborn or Infant Activities

The provider shall hold infants or newborns during bottle feedings until the child can hold its own bottle.
I understand that bottles must not be propped. _____ (signature)

Describe how you will:

Respond to the infant or newborn's attempts to communicate	
Provide freedom of movement for infants and newborns. Noncreeping infants shall spend part of each day out of a crib or infant seat. Creeping infants shall have freedom to explore outside of the crib or infant seat.	
Have activities and objects available so infants or newborns can stimulate their senses, including ability to see, touch, feel, smell, hear, and taste	
Have activities for the infant that will help develop their manipulative and fine motor skills	
Have activities for the infant that will help develop their self-awareness	
Have activities for the infant that will help develop their social responsiveness	

Toddlers

Describe how you will:

Give toddlers freedom and movement and freedom to explore outside the crib or playpen	
Talk to, listen to, and interact with the toddler to encourage language development	
Provide large motor activities for toddlers	
Provide small motor activities for toddlers	
Help toddlers develop and stimulate learning (i.e. reading stories, looking at picture books together)	
Have activities and objects that will be available so toddlers can stimulate their senses, including ability to see, touch, feel, smell, hear, and taste	

Preschoolers

Describe how you will:

Encourage conversation between the child and other children and adults	
Give children opportunities to play near and with other children	
Provide time and space for individual and group play	
Provide quiet times for talk or rest	
Allow for unplanned time and individual play time	
Help foster an understanding of personal and peer feelings and actions, allowing for the constructive release of feelings and anger through discussion or play	
Give assistance in toileting	
Help children carry out self-help skills and provide opportunities to be responsible for activities like putting away play equipment and helping around the house	
Give opportunities for each child to make decisions about daily activities and to take credit for consequences of decisions	

Provide time and areas for large motor play	
Provide learning, small motor, creative and sensory activities	
Read stories, look at books together, and talk about new words and ideas with children	

Schoolage

Describe how you will:

Provide opportunities for individual discussion about happenings of the day and planning for activities	
Provide space and opportunity for games, activities, or sports using the whole body, outdoors, weather permitting	
Provide space and opportunity for individual rest and quiet time	
Allow increased freedom as a child demonstrates responsibility	
Provide opportunities for group experiences with other children	
Provide opportunities to develop or expand self-help skills or real-life experiences	
Provide opportunities for creative and dramatic activity, arts and crafts, or field trips	

Provider Signature: _____ Date: _____

Physician's Report

Adult Foster Care Child Foster Care Family Day Care

I. Authorization for Release of Medical Information

I authorize my physician or clinic to release any medical information pertinent to my application for or employment within the residence of a Family Day Care or Child Foster Care or Adult Foster Care Home.

Signature of individual on whom the information is requested

Date

II. Identifying Information

Last Name:		First Name:		Birthdate:	
Address:		City:		State:	Zip Code:
Relationship to provider:					

III. To the Examining Physician:

In the best interest of the provider and the children and/or adults in care, good health is a factor in the selection of homes.

- A. How long has the above named individual been under your care? _____
- B. Date of last examination _____
- C. Does this person have a history or present evidence of a serious operation, injury, or physical or mental illness which in your opinion would hinder him/her in the care of children and/or adults? Please explain. _____
- D. Does this person have any communicable diseases? _____
- E. Is this person taking any medications which may affect their ability to provide care? If so, what? _____
- F. Does this person have a history or present evidence of chemical abuse/dependency? Please explain. _____
- G. Is there another physician with whom we should consult before making a decision about this person's application? Yes No
If yes, please give name and phone number of physician. _____
- H. In your opinion, is his/her health suitable to provide care? Yes No

Signature of examining physician:		Date:		Telephone #:	
Physician's address:		City:		State:	Zip Code:

NOTICE TO THIRD PARTIES - Minnesota Statutes, Sec. 13.04 allows recipients access to recorded data. Be informed that upon request of the recipient or his or her legal representative, this Department is required to provide them the information contained on this form. Any statements included in the client's file may be opened to his or her inspection.

CHILD CARE QUESTIONS

1. How do you show affection?
2. How do you help children learn to share?
3. In your home, how do children develop the skills of problem solving and creativity?
4. What do you **think** when you find two four-year-olds naked and playing “doctor”?
What do you **do**?
5. What do you do when child is sassy, talks back, swears or calls names?

Emergency Numbers and Plan

Emergency Phone Numbers:

Fire/Police/Ambulance: 911
Poison Control: 1-800-222-1222
MN Public Health: 651-201-5414 or 1-877-676-5414
Chisago County Health and Human Services: 651-213-5600
My Address: _____

Meeting place outdoors in case of fire: _____

Smoke detectors are located: _____

Carbon Monoxide detectors are located: _____

Fire extinguishers are located: _____

Escape routes to the outside from all levels used by children are: _____

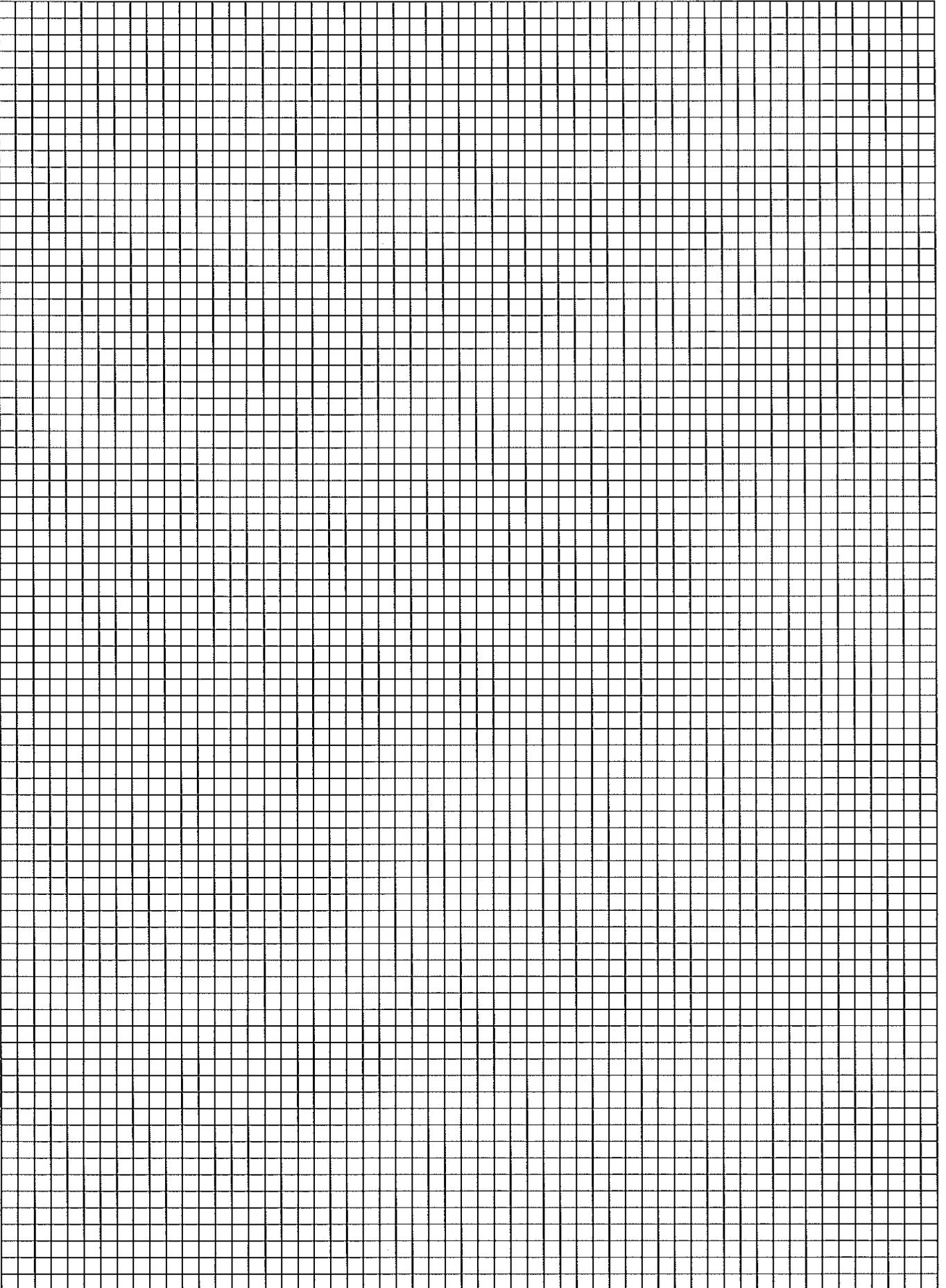
Chisago County Human Services will be notified within 48 hours of a fire requiring the service of a fire department.

Monthly fire drills will be held and the dates recorded on a log.

Guidelines for fire drills include:

1. Plan two escape routes from each room of the home, one the normal exit and the other a different door or window.
2. Write escape plan and monthly drills.
3. Activate smoke detector so children become adjusted to the sound and respond accordingly.
4. Teach children that they **should not** hide under beds or in closets.
5. Imagine the room filled with smoke. Children should practice crawling low.
6. Close doors against smoke heat. If door is closed, test it before opening by feeling near top. If the door is hot, use the emergency exit.
7. Save the lives instead of property. In a fire situation, evacuate children from the home, and then notify Fire Department from safe location.
8. In a multiple story home, evacuate upper floors first.
9. Teach children to not be afraid of the firefighters.
10. Set a predetermined meeting place outdoors so you know that everyone is safe. This may be at a neighbor's house or yard away from the fire truck destination.
11. Teach children to **STOP-DROP & ROLL** if their clothes catch on fire. Practice regularly.
12. Once the building is evacuated, remain outside.
13. Evacuation should be completed within three minutes.

Each square = 1 foot



**Chisago County Human Services
Family Daycare Licensing
Family Study**

Name: _____ Phone: () _____ - _____
Address: _____

I. Personal Background

A. Applicant

1. Name: _____
Date of Birth: _____
2. Parent's Name: _____
Parent's name: _____
Number of brothers: _____ Older: _____ Younger: _____
Number of sisters: _____ Older: _____ Younger: _____
3. Educational History

	Name of School	Location	Highest Level Completed	Graduation Date
High School	_____			
College	_____			
Vocational	_____			
Other	_____			

4. Employment History
Last Place of Employment: _____
Last Date Worked: _____
How Long Employed at Present Job: _____
Other Job Experiences: _____
5. Service Record
Branch of Services: _____
Dates of Services: _____
Veteran: _____ Yes _____ No

II. Personal Background

A. Spouse/Significant Other

1. Name: _____
Date of Birth: _____
2. Parent's Name: _____
Parent's name: _____
Number of brothers: _____ Older: _____ Younger: _____
Number of sisters: _____ Older: _____ Younger: _____

3. Educational History

	Name of School	Location	Highest Level Completed	Graduation Date
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Vocational	_____	_____	_____	_____
Other	_____	_____	_____	_____

4. Employment History

Last Place of Employment: _____

Last Date Worked: _____

How Long Employed at Present Job: _____

Other Job Experiences: _____

5. Service Record

Branch of Services: _____

Dates of Services: _____

Veteran: _____ Yes _____ No

B. Marriage/Cohabitation

Date Married: _____ Place: _____

How long have you lived with your significant other? _____

Children:	Name	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Operation of Your Home

A. Why are you interested in providing daycare? _____

B. What assets do you have that will help you in dealing with children?

C. What experiences have you had with children? _____

FACT SHEET

The following questions will help us in evaluating your application:

Has **any** person providing care to children, living in the daycare residence, or present during daycare hours: (9502.0325 Subp. 6 A)

1) received treatment or counseling for chemical dependency, alcohol, or drugs? YES/NO (if yes, describe) _____

2) received any other counseling (psychiatric, psychological, family, marital, anger management, etc.) or been in contact with a social service agency for any reason? YES/NO (if yes, describe)

3) had parental rights terminated? YES/NO (if yes, describe) _____

4) been involved in any investigation of incest, physical abuse, sexual abuse, or neglect? YES/NO (if yes, describe) _____

5) been involved in an investigation for any crime? YES/NO (if yes, describe) _____

6) had a child placed in residential treatment or an out-of-home placement? YES/NO (if yes, describe) _____

(Applicant's Signature)

(Date)

(Spouse's/Significant Other's Signature)

(Date)

CHISAGO COUNTY CHEMICAL USAGE POLICY

Date: _____

Provider: _____

Site Address: _____

Authority:

Minnesota Statute § 245A.04, Subd. 1(c) Application procedures states:

“An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs that individual’s ability to provide services or care. The license holder must train employees, subcontractors, and volunteers about the programs drug and alcohol policy.”

Purpose:

To establish this licensed facility’s policy regarding alcohol and drug use while performing services for the licensed facility.

Authority:

Minnesota Statute § 245A.04, Subd. 1.

Policy:

This facility prohibits the license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individuals ability to provide services or care.

The individual listed below shall inform the license holder when taking medically prescribed drugs or other substances which may negatively affect job performance.

My Chemical Usage Policy is as follows:

“An Equal Opportunity/Affirmative Action Employer”

- As a family daycare provider, I will ensure that my emergency backup providers, substitutes, 2nd caregivers, helpers, and any other caregivers, are aware of, and agree to abide by this policy.
- As a family (adult or child) foster care provider, I will ensure that my respite provider, employee, and any family member caring for the client(s), or volunteer (neighbor, etc.) are aware of, and agree to abide by this policy.
- As a corporate foster care provider (adult or child), I will ensure that all staff and volunteers are aware of and agree to abide by this policy.

All respite providers, employees, and any family members, subcontractors, and volunteers must be trained on the facility's policy.

I have reviewed and been trained on this licensed facilities alcohol and drug use policy.

Caregiver (any)

Date

_____	_____
_____	_____
_____	_____
_____	_____

“An Equal Opportunity/Affirmative Action Employer”

Chisago County
REFERENCE FOR FAMILY CHILD CARE LICENSING

Name of home applying to be licensed:

Name (Last, First, MI)

Thank you for taking a few minutes of your time to assess this home for the care of other people's children. The information you provide will be kept private.

In assessing this home, please keep in mind that young children are with family child care providers as much or more of their waking hours than with their own parents. All members of the provider's household have an influence on the children. Because of these long hours in care, the child care children absorb the values and emotional climate within the child care home.

ASSOCIATION WITH FAMILY

1. How long have you known this family?
2. How did you first become acquainted?
3. How often do you visit in the home?
4. Is this a home you would use for your own children and recommend to your friends? Yes No

Explain:

DISCIPLINE

5. How does the family teach children what is acceptable and unacceptable behavior?
6. What kind of discipline is used with children?

HOUSEKEEPING – NUTRITION

7. Is the home clean and safe?
8. Does the family eat well-balanced meals including fruits and vegetables?

FAMILY FUNCTIONING

- 9. Explain how this family will provide a happy and positive atmosphere for child care children?

- 10. Does anyone in the household have a problem with drugs, alcohol, and/or violence?

- 11. Are there any problems with their own children?

MISCELLANEOUS

- 12. Describe the family's strong points.

- 13. Describe areas that could be improved.

- 14. Is there any reason not to license this family to care for children?

- 15. Is there any information you would like to add?

Thank you for your candid response.

Your name	
Address	
City, State, Zip	
Telephone number	
Date	

Licensors name	Lanay A. Miller
Address	6133 402nd Street
City, State, Zip	North Branch, MN 55056
Telephone number	651-213-5218

This information is available in other forms to people with disabilities by contacting us at 651-282-5329 (voice), or through the Minnesota Relay Service at 800-627-3529 (TDD), 711 or 877-627-3848 (speech-to-speech relay service).

SAMPLE POLICY/PROCEDURE

NAME
CHILD CARE HOME TITLE
COMPLETE ADDRESS
PHONE NUMBER

I welcome you and your children to my home. Since this will be your children's home away from home, I try to provide a safe, caring, homelike atmosphere for your children while providing for their physical, intellectual, emotional and social development.

Because this is a business arrangement, I have outlined my Policies and Procedures. I have met the requirements necessary to acquire my license pursuant to Minnesota Rules, parts 9502.0300 to 9502.0445 and MN Statute 245A. All requirements are listed in the Family Child Care Licensing Rules and Statutes and are available for your review upon request. This is also available on line at www.leg.state.mn.us. My family child care license authorizes me to care for a total of ____ children who are under the age of eleven (11) years. Of these, no more than ____ children may be under school age. Of the ____ under school age, no more than ____ children may be under the age of two (2) years. Of those ____, no more than ____ may be under the age of one (1) year.

LICENSING

To be relicensed by the Minnesota Department of Human Services, I must complete continuing education requirements, pass a safety inspection and be interviewed by a county social worker. The county will contact parents of the children in my care and ask them to complete an evaluation of my child care home and program. If you receive a questionnaire from them, please complete it and return it promptly to the county.

I am mandated by law to report any suspected physical abuse, sexual abuse or neglect of any children in my care, as required by Minnesota Statutes, Chapter 626.556.

NONDISCRIMINATION

I will not discriminate in relation to admissions of any children on the basis of race, creed, color, national origin, religion, sex or disability.

MEALS AND SNACKS

I do / do not participate in a federally funded food program; I am required to serve nutritious, well-balanced meals and snacks. I will serve the following meals: breakfast, 7:00 a.m. to 8:00 a.m.; lunch, 11:30 a.m. to 12:30 p.m.; snack, 3:30 p.m. to 4:00 p.m. If any food or bottles are brought from home, they must be labeled with each child's name. ***It is important to let me know if your child has any food allergies.***

SLEEPING ARRANGEMENTS

I provide all children with a safe, comfortable sleep space, with separate bedding. Infants will sleep in cribs or porta cribs with fitted sheets.

Mesh-sided porta cribs may be used for infant sleeping. Bassinets, cradles, car seats, swings or infant carriers cannot be used for infant sleeping.

I will sleep infants on their backs according to the recommended guideline of the SIDS and American Academy of Pediatrics Foundation. If your baby needs to sleep in a position other than on their back the Physician Directive for Infant Sleep Position form, approved by the Commissioner of the Minnesota Department of Human Services, must be completed and signed by the parents or guardian and kept in my provider file.

parent(s) initial(s)

ILLNESSES AND MEDICATIONS (see **Attachment A: List of Reportable Diseases**)

Please do not bring your children into day care when they are sick. When children in my care become ill, I will keep them comfortable, isolate them from the other children, check on them frequently, and notify you immediately. If your child has any of the following conditions: an oral temperature of 101°F or higher; is vomiting; has diarrhea; or has an undiagnosed rash, I will expect you to make arrangements to come and take your child home. They should remain home for 24 hours after treatment of antibiotics, if necessary, and their temperature has returned to normal, without the use of fever reducing medication.

The following are guidelines to help you decide if your child is well enough to come to day care.

<u>Disease</u>	<u>Incubation Period</u>	<u>Communicability</u>
Influenza	2 to 7 days	Exclude child from day care until temperature has been normal for 24 hours without the use of fever-reducing medications; child is able to participate in routine activities; illness may last up to 7 days.
Lice	7 to 10 days	Exclude child from day care until first treatment is completed and no live lice can be seen.
Pink Eye	1 to 3 days	Exclude child from day care until 24 hours after first treatment or until symptoms are no longer present.
Strep Throat	2 to 5 days	Exclude child from day care until 24 hours after first treatment and temperature has returned to normal.

I require written permission from the parent(s) prior to administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents will be administered according to the manufacturer’s instructions unless there are written instructions for their use provided by a licensed physician or dentist.

I require written instructions from a licensed physician or dentist prior to administering each prescription medicine. Each medication must be supplied in its original container, have the child’s name and current prescription information on the label which constitutes instructions.

I shall inform all parents of each exposed child on the same day that I am notified by a parent of a child with a confirmed case of a contagious illness or parasitic infestation. **No child’s name will be disclosed.** If you have any questions about the cause, symptoms, spread, incubation, contagious period, exclusion, diagnosis, and treatment regarding said illness/infestation, please contact the licensing worker.

IMMUNIZATIONS

The Child Care Immunization Record must be completed for all children prior to admission into my child care. Minnesota law requires that children enrolled in Minnesota day care homes must be immunized. If the child is 15 months or younger, the physician will need to sign the immunization form. For children over 15 months, the parent may sign the record, if all required immunizations have been obtained. If you conscientiously oppose any required immunizations, I will need a notarized statement signed by the guardian.

EMERGENCIES/BACK-UP

The Family Day Care Admissions and Arrangements form must also be completed prior to admission. If, for any reason, your child would require emergency medical attention, I need to have your written permission to follow any steps necessary for their well-being. I will notify you at the earliest possible time. You will be responsible for all medical expenses incurred.

If, for any reason, I need to leave for an emergency, I have an adult who can come in for a short period of time until you arrive. In the event that I am ill or on vacation, and cannot provide care, you will need to have your own back-up arrangements available. I will notify you as soon as possible, when I am unable to provide care for your children.

EMERGENCY DRILLS

I conduct and record monthly fire and storm drills. I have a fire evacuation plan that we practice monthly. During severe weather season, I talk about severe weather with the children.

TRANSPORTATION

At times I will transport children to various activities; I must have your written permission to do so. At no time will any children be permitted to remain unattended in any vehicle. Children under the age of eight and shorter than four feet, nine inches must be properly fastened in an approved passenger restraint system pursuant to Minnesota Statute § 169 .685. I have taken the required Car Restraint Systems training prior to transporting children. *To further clarify, if a child meets **one** of the following criteria, they do **not** require a booster seat: a). They are 4’9” tall; b) They are 8 years of age.*

CLOTHING AND SUPPLIES

For infants, I may ask you to provide: formula, disposable diapers, wipes, baby bottles and two extra sets of clothes. For older children, I would appreciate an extra set of clothes. Weather permitting, children of all ages will spend time out-of-doors each day. Please send hats, mittens, winter jackets, snow pants and boots during colder weather. Please label all items from home with your child’s name.

PETS

I have _____ dogs and _____ cats in my home. All are up-to-date on their rabies vaccination. All pets will be supervised around the children and/or all pets will be kept separated from the children.

SMOKING

Smoking is not allowed in my home during child care hours. This is according to Minnesota State Law, which was effective March 1, 1994.

INSURANCE

I am required to notify you that I carry liability insurance and a certificate of coverage is available for you to see which includes the expiration /renewal date of the policy. You will be notified of any changes in insurance status and/or renewal of the insurance.

Signature _____

I am required to inform you that I have no general liability coverage.

Signature _____

SUPERVISION

I am required to be within sight or hearing of an infant, toddler or preschooler at all times so that the care giver is capable of intervening. For school age children, I am required to be available for assistance and care. Written permission is needed from you if your school age child is to be off my property. This includes walking to and from the bus stop or school.

AUTHORIZED PERSONS

Occasionally your children may need to be picked up from child care by someone other than the guardian. Unless the names are listed on the Admissions and Arrangements Form, your children will not be released. In case of an emergency, please provide a reliable list of people to be reached.

DISCIPLINE

I would like your views and ideas on the type of behavior guidance used in your home. Parenting methods that work at home are not always appropriate in the child care setting. According to the Minnesota Rules, I am not allowed to use any type of physical discipline, such as hand slapping, spanking, hitting, pinching, biting, etc., with child care children. Please do not ask me to use these methods. I will not do or say anything that will threaten, humiliate or frighten your children. I will try to redirect your children and use logical consequences for behavior guidance. A short period of "think time," away from the other children or activities, may be necessary if a child does not respond to verbal messages. I believe that by rewarding and praising the many positive behaviors, the positives will be repeated.

ACTIVITIES

Activities are an important part of my child care program. They are informally structured to meet the needs of all children. Games and craft projects are designed to be challenging, but within the abilities of the children. Building blocks and construction toys encourage imagination and creativity; and puzzles teach problem-solving ability, shape and color recognition. Group activities teach cooperation and sharing, and many games help with counting and number skills. Cutting, pasting and coloring projects help develop coordination and small muscle control. Children of all ages spend some time outdoors every day, weather permitting. Outdoor activities strengthen and develop large muscles.

I will limit your children's television viewing while in my home. At times we may watch educational programs and movies. We celebrate each child's birthday, and plan parties or special projects for major holidays.

COMMUNICATIONS/GRIEVANCE PROCEDURE

This is where the licensed provider writes in their own words a grievance procedure i.e. a clear process that will allow a parent or guardian the freedom to discuss concerns with the provider. Matters may arise that are awkward or uncomfortable on the subject of child care, and may be best handled face-to-face at a scheduled time and place or over the telephone, depending on the preference of communication.

SUBSTANCE ABUSE POLICY

Any individual who has access to or is directly responsible for the care of the children served by my licensed day care home is prohibited from abusing prescription medication or being in any manner under the influence of any chemical that would impair their ability to provide care.

VACATION/HOLIDAYS

I am closed on the following holidays, and you will be required to pay for them, or the day celebrated, if they fall on weekdays: New Years' Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas Day.

I will notify you 30 days in advance of any changes in my rates. Rates are guaranteed whether or not you bring your children. Your two-week vacation period is permitted (with/without) compensation to me. You (will/will not) be responsible for paying me for my yearly two-week vacation. I will notify you in advance so that the necessary arrangements can be made.

PAYMENT/TERMINATION

I require that childcare payments be made in advance of when care is provided. Payment will be due on Monday for the upcoming week of care. I require a two-week written notice in advance of your termination, so I can plan accordingly. You must pay for your last two weeks of care whether or not your child is present. I may terminate care of your child(ren) at any time if necessary to protect the health and safety of other children in care, my family and if it is in the best interests of the child care program. At the end of the year, you will be given a receipt of total payments.

Some breakage and wear does occur to toys and furnishings in a child care home. If personal property damage is either deliberate or excessive, you will be expected to pay for it.

CHILD CARE CONTRACT

My rate is _____ per _____ for the care of your children: _____
and _____.

My contracted hours are from _____ a.m. until _____ p.m., M T W T H F. Any time before or after your scheduled time will be considered overtime and there will be an overtime charge of \$_____ for every 30 minutes or portion of 30 minutes.

TRIAL PERIOD

Since an adjustment period is necessary, let us try out this agreement for _____ weeks. If it is not satisfactory, we each have the right to terminate this agreement within that period. You will only be required to reimburse me for days of care provided.

I have received a copy of this provider’s policies and the Child Care Reporting Notification information. By signing this contract, I am acknowledging that I have read these policies and agree to abide by them.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Provider Signature Date

Attachment A

(Optional Section)

 COMMON CONTAGIOUS ILLNESSES

Although common contagious illnesses are not reportable to the commissioner i.e. licensing worker, I will need to be notified when any one of them arises.

bronchitis, acute (chest cold) (<i>Bronchiolitis</i>)	pneumococcal infection
chickenpox (varicella)	Pneumonia
conjunctivitis (pink eye)	respiratory infection (viral)
Croup	respiratory syncytial virus (RSV) infection
cytomegalovirus (CMV) infection	ringworm
diarrhea (infectious)	roseola
enteroviral (nonpolio) infection	rotaviral infection
fifth disease	scabies
hand, foot and mouth disease	shingles (Zoster)
head lice	staph skin infection (excluding impetigo)
herpes, oral infection	streptococcal infection (strep throat/scarlet fever/perianal cellulitis)
impetigo	vancomycin-resistant <i>Enterococcus</i> (RE) colonization and infection
methicillin-resistant (MRSA) (<i>Staphylococcus aureus</i>) colonization and infection	viral gastroenteritis caused by Norovirus (Norwalk-like virus)
molluscum contagiosum	yeast infection (<i>Candidiasis</i>)
mononucleosis (infectious)	Warts
pinworm infection	

DISEASES REPORTABLE IMMEDIATELY BY TELEPHONE TO THE COMMISSIONER:

As a licensed child care provider, I will need to be notified immediately when any one of the below-listed diseases is suspected or confirmed. I am required by Minnesota Licensing Rule to notify the licensing worker immediately.

anthrax (<i>Bacillus anthracis</i>)	plague (<i>Yersinia pestis</i>)
botulism (<i>Clostridium botulinum</i>)	poliomyelitis
brucellosis (<i>Brucella spp.</i>)	Q Fever (<i>Coxiella burnetii</i>)
cholera (<i>Vibrio cholerae</i>)	rabies (animal and human cases & suspected cases)
diphtheria (<i>Corynebacterium diphtheriae</i>)	rubella and congenital rubella syndrome
hemolytic uremic syndrome	severe acute respiratory syndrome (SARS)
measles (rubeola)	smallpox (variola)
meningococcal disease (<i>Neisseria meningitidis</i>)	tularemia (<i>Francisella tularensis</i>)
orthopox virus	Unusual or increased case incidence of any suspect infectious illness is also reportable.

DISEASES REPORTABLE WITHIN ONE WORKING DAY TO THE COMMISSIONER:

As a licensed child care provider, I will need to be notified *immediately* when any one of the below-listed diseases is suspected or confirmed. I am required by Minnesota Licensing Rule to notify the licensing worker *within 24 hours*.

acquired immunodeficiency syndrome (AIDS)	leptospirosis (<i>Leptospira interrogans</i>)
amebiasis (<i>Entamoeba histolytica/dispar</i>)	listeriosis (<i>Listeria monocytogenes</i>)
anaplasmosis (<i>Anaplasma phagocytophilum</i>)	Lyme disease (<i>Borrelia burgdorferi</i>)
arboviral disease, including but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus disease.	malaria (<i>Plasmodium</i> spp.)
babesiosis (<i>Babesia</i> spp.)	meningitis (caused by viral agents)
blastomycosis (<i>Blastomyces dermatitidis</i>)	mumps
campylobacteriosis (<i>Campylobacter</i> spp.)	neonatal sepsis (bacteria isolated from sterile site, excluding coagulase-negative <i>Staphylococcus</i>) less than seven days after birth.
cat scratch disease (infection caused by <i>Bartonella</i> species)	pertussis (<i>Bordetella pertussis</i>)
chanroid (<i>Haemophilus ducreyi</i>)	psittacosis (<i>Chlamydia psittaci</i>)
<i>Chlamydia trachomatis</i> infections	retrovirus infections
Coccidioidomycosis	Reye syndrome
cryptosporidiosis (<i>Cryptosporidium</i> spp.)	rheumatic fever (cases meeting the Jones criteria only)
cyclosporiasis (<i>Cyclospora</i> spp.)	Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i> , <i>R. canada</i>)
dengue virus infection	salmonellosis, including typhoid (<i>Salmonella</i> spp.)
<i>Diphyllobothrium latum</i> infection	shigellosis (<i>Shigella</i> spp.)
encephalitis (caused by viral agents)	<i>Staphylococcus aureus</i> (only vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA), vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA), and death or critical illness due to community-associated <i>Staphylococcus aureus</i> in a previously health individual).
ehrlichiosis (<i>Ehrlichia</i> spp.)	streptococcal disease (all invasive disease caused by Groups A and B streptococci and <i>S. pneumoniae</i>).
enteric <i>Escherichia coli</i> infection (<i>E. coli</i> O157:H7, other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i> , Enteropathogenic <i>E. coli</i> , enteroinvasive <i>E. coli</i> , and enterotoxigenic <i>E. coli</i>).	syphilis (<i>Treponema pallidum</i>)
<i>Enterobacter sakazakii</i> in infants under one year of age.	tetanus (<i>Clostridium tetani</i>)
giardiasis (<i>Giardia lamblia</i>)	toxic shock syndrome
gonorrhea (<i>Neisseria gonorrhoeae</i> infections)	toxoplasmosis (<i>Toxoplasma gondii</i>)
<i>Haemophilus influenzae</i> disease (all invasive disease)	transmissible spongiform encephalopathy
hantavirus infection	trichinosis (<i>Trichinella spiralis</i>)
hepatitis (all primary viral types including A, B, C, D, & E)	tuberculosis (<i>Mycobacterium tuberculosis</i> complex) (pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease). Latent tuberculosis infection is not reportable.
histoplasmosis (<i>Histoplasma capsulatum</i>)	typhus (<i>Rickettsia</i> spp.)

human immunodeficiency virus (HIV) infection	varicella zoster disease: (a) primary (chickenpox): unusual case incidence, critical illness, or laboratory-confirmed cases; (b) recurrent (shingles): unusual case incidence or critical illness.
influenza (unusual case incidence, critical illness, or laboratory confirmed cases).	<i>Vibrio</i> spp.
Kawasaki disease	yellow fever
<i>Kingella</i> spp. (invasive only)	yersiniosis, enteric (<i>Yersinia</i> spp.)
legionellosis (<i>Legionella</i> spp.)	Unusual or increased case incidence of any suspect infectious illness is also reportable.
leprosy (Hansen's disease) (<i>Mycobacterium leprae</i>)	