

**APPLICATION FOR RENEWAL
FAMILY CHILD CARE LICENSURE**

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

MONTHS CHILD CARE IS OPEN FOR OPERATION

_____ TO _____

DAYS CHILD CARE IS OPEN FOR OPERATION

_____ TO _____

HOURS CHILD CARE IS OPEN FOR OPERATION

_____ TO _____

AGES OF CHILDREN YOU CARE FOR:

_____ TO _____

NUMBER OF YOUR OWN CHILDREN UNDER THE AGE OF TWELVE. _____

BIRTHDATES OF YOUR CHILDREN _____

NUMBER OF CHILDREN YOU WISH TO BE LICENSED FOR _____

Health & Safety Issues:

List the rooms in your home that will be used by day care children and usable square footage for each.

ROOM	SQ. FOOTAGE	COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do all rooms have at least two means of escape? _____

Is your basement used for day care? _____ if so, how are your furnace/water heater workshop areas separated from the play area? _____

Do you have a second mean of escape from your basement? _____
Describe: _____

Where is your fire extinguisher located? _____
What size (classification) is it? _____
Does it need recharging? _____ Do you know how to use it? _____
Where are smoke detectors located in your home? _____

When they were last tested? _____ Do they work? _____

Please list location of the following items, indicating if area is locked:

1. Medicines (including prescription as well as over-the-counter medicines and vitamin) _____
2. Cleaning Supplies _____
3. Liquor _____
4. Knives _____
5. Scissors _____
6. Sewing Equipment _____
7. Matches and Lighters _____
8. Plastic Bags and plastic wraps _____
9. Tools _____
10. Other toxic and hazardous items _____

Do you have firearms in your house or on your property? ____ If yes, where do you keep them? _____

Where do you keep the ammunition? _____

Do you have the following items in your first-aid supplies?

Band-aids	_____
Bandages	_____
Non-sticks pads	_____
Eye patches	_____
Tape	_____
Antiseptic wipes	_____
First-aid cream	_____
Instant cold pack	_____
Tylenol caplets	_____
Disposable gloves	_____
Scissors	_____
Tweezers	_____
Syrup of ipecac	_____
First-aid manual	_____

Is your yard fenced? ____ Usable outdoor place space is ____ Sq. Feet

Do you have a swimming pool or a wading pool? _____

Is it inaccessible to children (except during supervised use)? _____

Is it kept cleaned? _____

Do you clean with a solution of a soap and water or chlorine and water (2 teaspoons of bleach to 1 quart) after each diaper change? _____

Are soiled cloth diapers (except from a diaper service), plastic pants and clothing placed in a plastic bag and sent home with the parents daily? _____

Are children washed with a single-service disposable wipe or clean cloth before re-diapering? _____

Where are soiled diapers placed? _____

Is this inaccessible and emptied when full (and at least daily)? _____

Where is your garbage containers located? _____

Do you carry child care liability insurance? _____

What agency/company? _____

Do you have on record on a current physician's report for all staff? _____

What kind of discipline is used with the child care children?

Toddlers _____

Preschoolers _____

School-Age _____

Do you have the following forms filled out for each child in care?

Admissions and Arrangements forms _____

Immunization records _____

Do you have a Policy Booklet which is given to all parents? _____

What difficulties or problem did you encounter in providing child care during the past year? _____

How do you feel about being a child care provider? _____

Is your license posted in your home? _____

Do you ever use a substitute in your day care? _____ if so, is this person at least 18 years of age? _____ how often do you use this substitute? _____

What are your plans for substitute care in the event of an emergency? _____

Describe your methods of toilet training: _____

Do you work with parents on this? _____ Are you aware that no child is to be punished for toileting accidents? _____

Has anyone moved in or out of your household in the past year? _____

Describe: _____

Do you generally read to the children each day? _____

How many hours during the day care day do you usually have your television turned on? _____

Describe the daily activities of your day care children starting with first thing in the morning and going through a typical day: _____

Do the day care children get out door each day, weather permitting? _____

Do you know you are legally required to report any suspicion of child neglect or abuse to your local social services? _____

Becker County	847-5628
Mahnomen County	935-2568
Clearwater County	694-6164
Indian Child Welfare	935-5554 or 1-800-763-8953

Have you cared for any children this year where you suspected abuse or neglect? _____ Explain: _____

Have anyone in your household received treatment or counseling for chemical dependency within the past 12 months? _____
If yes, please explain: _____

Has anyone in your household received psychiatric counseling in the past 12 months? _____
If yes, please explain: _____

Have you received the required number of training hours in the past year? _____

Are you aware that your license may not be renewed if you have not completed the required number of training for the past year? _____

Signature of Provider Date

Signature of Licensing Worker Date

PHYSICIAN'S REPORT FOR FAMILY DAY CARE

I. Authorization for Release for 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.

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 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? Please explain: _____
- D. Does this person have any communicable diseases? _____
- E. Is this person taking any medications, which may effect their ability to provide care? If so, what? _____
- F. Has this person been given the Mantoux test? Please list results: _____
- G. Does this person have a history of present evidence of chemical abuse/dependency? Please explain: _____
- H. In your opinion, is his/her health suitable to provide care? _____

Signature of Physician:		Date:	Telephone #:
Physician's Address:	City:	State:	Zip Code:

NOTICE TO THIRD PARTIES: Minnesota Status Sec. 13.04 allows recipients access to recorded data. Be informed that upon request of the recipient or his or her legal representative, this office 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.

Home Safety Checklist

Family Day Care

Emergency Procedures

- YES NO 1. The emergency phone numbers are posted near the phone.
- YES NO 2. You have made emergency plans with your family, including children and/or adults in care.
- YES NO 3. A written emergency escape plan had been developed for each client, when required.
- YES NO 4. Fire drills are conducted and documented according to the appropriate rule.
- YES NO 5. At least one battery powered flashlight and radio is available and operable.
- YES NO 6. First aid supplies are available and maintained.
- YES NO 7. A non-coin operated telephone is located within the residence.
- YES NO 8. Clients have been informed of the designated area for safety during severe storms.

Means of escape

- YES NO 1. Exit doors and other means of escape are not obstructed by attached screens, plastic, ice, snow and/or debris.
- YES NO 2. Windows are easily opened from the inside and not obstructed by nailed-on screens, plastic, or other

Electrical

- YES NO 1. All fuses/circuit breakers are properly sized for the circuits they are designed to protect.
- YES NO 2. Extension cords are not used in place of permanent wiring.
- YES NO 3. Multiple plug adaptors are not used.
- YES NO 4. Extension cords are not run under rugs; through walls, doors, or windows; nor are they damaged in any way.

Physical Plant

- YES NO 1. An approved fire extinguisher is maintained in the kitchen cooking area or area approved by fire marshall and is serviced and tagged annually. Fire Extinguisher Rating: _____
- YES NO 2. All smoke detectors are maintained in proper operating condition.
- YES NO 3. The bathroom door can be unlocked from the outside and the key is easily accessible near the door.
- YES NO 4. If there is an attached garage, a proper fire separation is maintained between the house and garage.
- YES NO 5. Any major construction or repairs to the residence have been reported to the local agency.
- YES NO 6. Any fire in the residence that required the service of a fire department has been reported to the local agency.

Housekeeping

- YES NO 1. The basement, closets, and attice are free of old rags, papers, mattresses, broken furniture, and hazardous materials of combustibles.
- YES NO 2. Scissors, knives, power tolls, and othe sharp instruments are inaccessible to children.
- YES NO 3. The space beneath stairways are free of all combustible materials.
- YES NO 4. If the answer to Item 3 is NO, the underside of the stairway is protected by 1-hour fire resistance materials.
- YES NO 5. All flammable and combustible liquids are properly stored.
- YES NO 6. Combustible items are stored at least 36' from any heating source.
- YES NO 7. Food is obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to health.
- YES NO 8. Residence is clean and free from accumulations of dirt, rubbish, and/or peeling paint.
- YES NO 9. Chemicals, detergents, and othe toxic substances are stored seperatley from food products. When appropriate, these substances are inaccessible to clients.
- YES NO 10. Water from privately-owned wells is tested annually by a Minnesota Health Department certified laboratory.
- YES NO 11. Individual clean towels, wash clothes, and bedding are available to each client.
- YES NO 12. All medications are kept out of children's reach.
- YES NO 13. Weapons and ammunition are stored separately in licked areas.

Heating/Cooking Equipment

- YES NO 1. Kitchen cooking aread are clean and free of grease accumulations.
- YES NO 2. The water heating equipment provides the proper temperature and has a pressure relief vavle.
- YES NO 3. Fireplaces are equipped with a sturdy metal fire screen or heat tempered glass doors.
- YES NO 4. Woodburning applicancesa are maintained the proper distance from combustibles.
- YES NO Furnaces are checked regularly and maintained in good wokring condition.

REMARKS (Please explain all "NO" answers: _____

Provider's Signature:

Date:

Licensing Worker:

WHITE EARTH CHILD CARE PROGRAM
PO BOX 418
WHITE EARTH, MN 56591
(218) 983-3285

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, _____
(Name of Participant) (D.O.B)

AUTHORIZE _____ TO DISCLOSE TO
(Program making the Disclosure)

White Earth Child Care Program THE FOLLOWING INFORMATION.
(Name of person/organization which disclosure is to be made)

NATURE OF THE INFORMATION

FOR THE PURPOSE AND USE: _____
to obtain any pertinent information regarding
licensure for Family Child Care.

I understand that my records are protected under the Appropriate Privacy Laws, and cannot be disclosed without my written consent unless otherwise provided for. I also understand that this consent expires automatically as described below. Specification of the date, event, or condition upon which this consent expires:

_____ One year after signature date

Executed this _____ Day of _____, 20_____.

Person Requesting Information

Signature of Participant

In the event of Minor or Person assigned a
Guardian:

Signature of Parent /Guardian