



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

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

PROGRAM (9502.0415)

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

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

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

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

PHYSICAL ENVIRONMENT AND SAFETY FACTORS (9502.0425)

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

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

Have you done any remodeling to your home since your last renewal? y/n

If yes, describe (example: room addition, patio, deck) (9502.0425, subparts 14 & 15) _____

If there have been any additions or remodeling, do these areas have at least two means of escape?
 (9502.0425, subpart 4) y/n/na

If one exit is a window, does it:

- a) Open without special knowledge, and y/n/na
- 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? y/n/na

If you have a deck, will this ever be used by children in care?
(9502.0425, subpart 11) y/n/na

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) y/n

Is there a guard? (9502.0425, subpart 11) y/n

How high is the guard rail? (9502.0425, subpart 11) _____

Is it enclosed properly? (9502.0425, subpart 11) y/n

Is your basement used for childcare? (9502.0425, subpart 1. B) y/n/na

If yes, do you have two means of escape that meet fire code?
(9502.0425, subpart 4) y/n/na

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

Are all stairways, both indoors and outdoors, with three or more steps equipped with handrails?
(9502.0425, subpart 10.A) y/n/na

Is the area between the handrail and the stair tread enclosed properly?
(9502.0425, subpart 10. B) y/n/na

Is the back of the stair riser enclosed? (9502.0425, subpart 10. B) y/n/na

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) y/n/na

Do you have a fire extinguisher with a minimum rating of 2A10BC
located near the kitchen? (9502.0425, subpart 16) y/n

Is it operational? (9502.0425, subpart 16) y/n

Do you know how to use it? (9502.0425, subpart 16) y/n

When was it last serviced? _____ / _____ / _____ (MO/DAY/YR)

Do you have a working smoke detector located on each floor?
(9502.0425, subpart 17) y/n

When were they last tested? _____ / _____ / _____ (MO/DAY/YR)

Are all gas, coal, wood, kerosene or oil heaters, fireplaces, wood burning stoves, space heaters,
steam radiators, and furnaces installed in accordance with the state building code?

(9502.0425, subpart 7. A, B, and D) y/n

Are combustible items kept at least 36 inches from the furnace or other heating sources?
(9502.0425, subpart 7. C) y/n

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?
(9502.0425, subpart 7. D) y/n

Are emergency telephone numbers posted near the phone? (9502.0435, subpart 8)

911 y/n
Poison Control y/n
Do you have an emergency substitute? y/n
Name of emergency substitute _____

Are all toxic or hazardous materials kept out of reach?
(9502.0435, subpart 4 and 6) y/n/na

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 _____

Do you have any firearms & ammunition in your home or on your property? (9502.0435, subpart 5)
y/n

These must be locked and stored in separate areas.

If yes, where do you store you firearms? _____

Where do you store the ammunition? _____

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

Sterile compresses	y/n	Ice pack/ cold pack	y/n
Thermometer	y/n	First-aid manual	y/n
Bandages	y/n	Scissors	y/n
Tape	y/n	Mild Liquid Soap	y/n

Can your bathroom be opened from the outside if locked, and is the unlocking device near the door?
(9502.0425, subpart 12. B) y/n

Do you have a swimming pool used by children in care?
(9502.0425, subpart 3) y/n

If yes, are you complying with MN Statutes, Section 245A.14, subdivision 11? y/n

Do you have a wading pool used by children in care? y/n
(9502.0425, subpart 3)

If yes, are you complying with MN Statutes, Section 245A.14, subdivision 10?

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

If you use a swimming pool or a beach, is the attendant present trained in first aid and resuscitation?
(9502.0425, subpart 3) y/n

Do you live on a high traffic street or highway, near water, or near railroad tracks?
(9502.0425, subpart 2) y/n

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

Is your yard fenced? y/n

SANITATION AND HEALTH (9502.0435)

Are garbage containers and rubbish inaccessible to infants and toddlers?

(9502.0435, subpart 3) y/n

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

Indoors _____

Outdoors _____

Do you have any pets? (9502.0435, subpart 12) y/n

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? y/n/na

(9502.0435, subpart 12. D)

Are birds clear of the bacteria chlamydia-psittaci? (9502.0435, subpart 12) y/n/na

Is the play area free of animal excrement? (9502.0435, subpart 12. E) y/n/na

Have there been any animal bites since your last renewal? y/n/na

(9502.0435, subpart 12. F and G)

If yes, were parent and health officials notified on the same day? y/n/na

(9502.0435, subpart 12. F)

Do you clean and disinfect surfaces with chlorine bleach and water that come in contact with potentially infectious bodily fluids, including blood and vomit? y/n/na

Do you disinfect surfaces with some other type of surface disinfectant after the surface comes in contact with potentially infectious bodily fluids, including blood and vomit? y/n/na

Do you dispose of blood-contaminated material in a plastic bag with a secure tie? y/n/na

Do you dispose of sharp items used for a child with special care needs in a "sharps container"? y/n/na

Do you store the sharps container out of reach of children? y/n/na

Do you have disposable gloves, disposal bags, and eye protection available? y/n/na

Are separate towels, washcloths, cups, combs, and other personal articles used for each child? (9502.0435, subpart 10) y/n

Are children's hands washed with soap and water when soiled, after use of a toilet, or training chair, and before eating? (9502.0435, subpart 15) y/n

Are diapers and clothing kept clean and dry and changed when wet or soiled? (9502.0435, subpart 13. B) y/n/na

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

Do you use a washable, non-absorbent surface? (9502.0435, subpart 13. D)

If yes, describe _____

Do you wash this surface with a solution of soap and water if it is soiled? (9502.0435, subpart 13. D) y/n/na

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) y/n/na **OR**

Do you disinfect this surface with some other type of surface disinfectant after each diaper change? (245A.148) y/n/na

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? y/n/na

If yes, does the manufacturer's label or instructions state that the disinfectant is effective against Staphylococcus Aureus, Salmonella Enterica, and Pseudomonas Aeruginosa? y/n/na

If yes, does the manufacturer's label or instructions state that the disinfectant is effective with a ten minute or less contact time? y/n/na

If yes, does the manufacturer's label or instructions clearly state directions for mixing and use? y/n/na

If yes, is the disinfectant used only in accordance with manufacturer's directions? y/n/na

If yes, does the product NOT include triclosan or derivatives of triclosan? y/n/na

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) y/n/na

Are children washed with a single-service disposable wipe or clean cloth before rediapering? (9502.0435, subpart 13. E) y/n/na

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) y/n/na

Are clean diapers inaccessible to children? (9502.0435, subpart 13.A) y/n/na

Are all cloth diapers labeled with the child's name?
(9502.0435, subpart 13. A) y/n/na

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) y/n

Do you use a single-use towel to dry your hands? (9502.0435, subpart 15. B) y/n

Are toilet-training chairs, stools, and seats washed with soap and water when soiled or at least daily? (9502.0435, subpart 14) y/n

Is drinking water available and offered to children (including older infants) at frequent intervals?
(9502.0445, subpart 1. B) y/n

Are separate or single-service cups or bottles used?
(9502.0445, subpart 1. B) y/n

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 licenser.

Is your water temperature at or below 120 degrees Fahrenheit?
(9502.0435, subpart 15. A) y/n

Do you use only pasteurized milk for children in care?
(9502.0445, subpart 2) y/n

Do you participate in the USDA Food Program? (9502.0445, subpart 3. A) y/n

If yes, which one: _____

If no, do you provide the basic food groups? (9502.0445, subpart 3. A) y/n

Provide a sample menu to your licenser.

Are all foods, lunches, and bottles brought from home labeled with the child's name and refrigerated when necessary? (9502.0445, subpart 3. D) y/n

Is refrigerator no more than 40 degree F? (9502.0445, subpart 4. B) y/n

Are bottles washed after use? (9502.0445, subpart 3. D) y/n

SAFE SLEEP PRACTICES

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 _____

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) y/n

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) y/n

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) y/n

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. y/n

Documentation of compliance for each crib is available and my licensor has verified it? y/n

If NO, provide documentation to your licensor

Do you place each infant under one year of age to sleep in the crib with items other than a pacifier? (245A.1435) y/n

If yes, explain in more detail: _____

Do you place infants to sleep on their back? (245A.1435) y/n

Do you place infants to sleep in any other position other than their back? y/n

If yes, please explain:

If yes, do you have a signed physician directive for an alternative sleep position for the infant? (245A.1435) y/n

Do you have any infants in care that independently roll onto their stomach after being placed to sleep on their back? y/n

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? y/n

If an infant falls asleep before being placed in a crib

Do you move the infant as soon as practicable to a crib? y/n

Do you keep the infant within sight until they are placed in a crib? y/n

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? y/n

Do you swaddle infants? (245A.1435) y/n

If yes, do you have an informed written consent from the parent to do so? y/n

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? y/n

OR

Do you swaddle infants in a blanket? y/n

Do you use other methods to swaddle infants? y/n

If yes, please explain: _____

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

Do you conduct in-person checks on sleeping infants throughout the hours of sleep every 15 minutes during the first four months of care? y/n

For all other infants, do you conduct in person checks throughout the hours of sleep every 30 minutes? y/n

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? y/n

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? y/n
(245A.147, subdivision 2)

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

Is clean, separate bedding provided for each child in care? (9502.0435, subpart 11) y/n

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) y/n

MISCELLANEOUS SAFETY

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) y/n

Do you use extension cords as a substitute for permanent wiring? (9502.0425, subpart 18. C) y/n

Do you transport children in care in your vehicle? (9502.0435, subpart 9) y/n

If so, have you received training on child passenger restraint systems? (245A.50, subdivision 6) y/n

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

Do you have written permission from parents to transport children in care? (9502.0435, subpart 9. D) y/n

Do you comply with all seat belt and child passenger restraint systems required under section 169.685? (245A.18, subdivision 1) y/n

Are all other children securely fastened in seat belts? (9502.0435, subpart 9. A) y/n

Is your vehicle licensed according to state law? (9502.0435, subpart 9.C) y/n

Does the driver of the vehicle hold a current valid driver's license? (9502.0435, subpart 9.C) y/n

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

Is your child care license posted in a prominent place? (9502.0335, subpart 10 y/n

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) y/n/na

Do you have an emergency exit plan on file? (9502.0435, subpart 8. F) y/n

LICENSE HOLDER TRAINING REQUIREMENTS

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 Development & Learning/Behavior guidance (4 hours/245A.50, subd.2) Course is titled "Developmentally appropriate behavior guidance" 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 Development & Learning/Behavior Guidance (2 hours required annually/245A.50, subd.2) Any KCF Content Area 1 or 2C at developtoolmn.org will meet the requirement.		
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-annually) (245A.50, subd.9(b)(1)) course is titled "Active Supervision" at developtoolmn.org		
Supervising for Safety Training (2 hours) (required once every five years) (245A.50, subd. 9(b)(2)) Health and Safety I and Health and Safety II		
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:		
Required License Holder Training	Date	Hours
Child Development & Learning/Behavior Guidance (2 hours required annually/245A.50, subd.2) Any KCF Content Area 1 or 2C at developtoolmn.org will meet the requirement.		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) 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

Will there be any adult caregivers working with you in your child care on a regular basis?
(9502.0365, subpart 5) y/n

If yes, name: _____

Have adult caregivers completed the required training? (see below) y/n

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 Development & Learning/Behavior guidance (4 hours/245A.50, subd.2) Course is titled "Developmentally appropriate behavior guidance" 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 Development & Learning/Behavior Guidance (2 hours required annually/245A.50, subd.2) Any KCF Content Area 1 or 2C at developtoolmn.org will meet the requirement.		
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) Any “Active Supervision:” course listed at developtoolmn.org		
Supervising for Safety Training (2 hours) (required once every five years) (245A.50, subd. 9(b)(2)) Health and Safety I and Health and Safety II		
**2nd Year: All caregivers must complete the following required training annually:		
Child Development & Learning/Behavior Guidance (2 hours required annually/245A.50, subd.2) Any KCF Content Area 1 or 2C at developtoolmn.org will meet the requirement.		
Supervising for Safety Training (2 hours)(required annually) (245A.50, subd. 9) 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)		

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) y/n

Is there a background study on file with the agency? (245A.04, subdivision 3)

Do you use a substitute? (9502.0365, subpart 5) y/n

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? y/n (245A.04, subdivision 3)

Have they completed the required training? y/n

- a. Sudden Unexpected Infant Death -SUID (if caring for infants) y/n
- b. Abusive Head Trauma – AHT (if caring for children under school age) y/n

Do you use a helper? (13-17 years of age) (9502.0315, subpart 14) y/n

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

Have they completed the required training? y/n

- c. Sudden Unexpected Infant Death -SUID (if caring for infants) y/n
- d. Abusive Head Trauma – AHT (if caring for children under school age) y/n

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) y/n

Describe your emergency plan: _____

SUPERVISION

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) y/n

Is the caregiver available for assistance and care for school age children in care? (9502.0315, subpart 29. A and 9502.0365, subpart 5) y/n

BEHAVIOR GUIDANCE

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.

I do not understand these statements and would like to discuss them with a licensor.

Do you discuss with the parents your child-rearing, sleeping, feeding, and behavior guidance practices? (9502.0405, subpart 1) y/n

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

BE PREPARED TO SHOW VERIFICATION OF THE FOLLOWING:

INSURANCE

Do you carry child care liability insurance? (245A.152) y/n

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? y/n

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

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

PROVIDER RECORDS, POLICIES, AND REPORTING

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) y/n/na

Do the attendance records include the child's first/last name and the time the child was dropped off and the time the child was picked up? (245A.14, subdivision 14) y/n/na

Provide documentation of the attendance records to your licensor.

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

Admission and Arrangement forms (subpart 4. A) y/n

Immunization Records (subpart 4. A & C) y/n

Do you have information about any known allergies from each child's parent or legal guardian? Y/N

Does the allergy information include:

- A description of the allergy y/n
- Specific triggers y/n
- Avoidance techniques y/n
- Symptoms of allergic reaction y/n
- Procedures for responding to an allergic reaction y/n
- Doctor's contact information y/n

Have you and every caregiver reviewed the allergy information annually? y/n

Do you have written provider policies available for discussion with parents or agency? (9502.0405, subpart 3.) y/n

Do you allow the parents or legal guardians of each child enrolled in care to access their child any time the child is in care? y/n

Do you have an up-to-date Fire and Storm Drill Log that documents the date and time of drills? (9502.0405, subpart 3.H; and 245A.51, subd.3(c)) y/n

Do you have an operable telephone located within the residence? (9502.0435, subpart 8. A) y/n

Do you have an operable flashlight and battery-operated radio or TV? (9502.0435, subpart 8. E) y/n

Do you have a written emergency preparedness plan on the form developed by the commissioner? y/n

Do you update your written emergency preparedness plan annually? y/n

For what ages are your toys and play equipment suited? (9502.0415, subpart 3 & 9502.0435, subpart 4)

Are they safe, in good repair, and free of lead-based paint? y/n

Is your supply adequate for the number and ages of children in care? y/n

Have you had any fires requiring the service of a fire department since your last licensing visit? (Must be reported within 48 hours) (9502.0375, subpart 2.C) y/n

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) y/n

Have you had any suspected cases of physical or sexual abuse or neglect? (Must be reported immediately) (9502.0375, subpart 2. B) y/n

Was the abuse/neglect reported? y/n

Have there been any changes in the regular membership of your household? (9502.0375, subpart 2. A) y/n

If yes, have these changes been reported to the agency? (MN Statutes 245A.04, subdivision 3) y/n

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) y/n

Provide documentation to your licensor.

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) y/n

If yes, explain: _____

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)) y/n

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)) y/n

If yes, did you provide that information immediately to your licensor? y/n

If yes, explain: _____

Do you allow smoking in your home during the hours children are in your care? (MN Statutes 144.414, subdivision 2) y/n

Do you permit smoking in your home outside of the hours you operate your family child care? y/n

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)

Do you have a current alcohol and drug policy for your program?
(245A.04, subdivision 1. c) y/n

Do you have a current grievance procedure for your program?
(245A.04, subdivision 1. d) y/n

Do you have a current child care program reporting policy?
(245A.145, subdivision 1) y/n

If yes, have you provided this policy to all parents at time of enrollment?

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

STATEMENT

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

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

Signature of Applicant	Date
Signature of Co- Applicant	Date

FOR STAFF USE ONLY

Date of Visit	Met With
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FOR STAFF USE ONLY

Classification and Number Licensed for: _____

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

BACKGROUND STUDIES

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

ANNUAL LICENSING EVALUATION (9502.0345, subpart 1. F)

Comments by License Holder:

Comments by the Licensing Worker:

Licensors Signature:

Date:

Enrollment Form

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

Provider Name _____ Class of License _____

Licenser Name _____

Worker Only

c

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	c				
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

Current or Past	Medication permission	Liability Ins. Notice	A & A	Immunization	Parent Evaluation
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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				
9														
10														
11														
12														
13														
14														
15														
16														