

Office use only:  
Received: \_\_\_\_\_  
Complete: \_\_\_\_\_

**APPLICATION FOR RENEWAL  
FAMILY CHILD CARE LICENSURE**

Date applied: \_\_\_\_\_  
Main Providers Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email address: \_\_\_\_\_  
Business name on Child Care license: \_\_\_\_\_  
Is your license posted in your home/facility? \_\_\_\_ Yes \_\_\_\_ No  
List helpers and/or substitutes \_\_\_\_\_

Criminal Background Check Completed

Do you ever use a substitute in your child care? \_\_\_\_ Yes \_\_\_\_ No If so, is this person at least 18  
Years of age? \_\_\_\_ Yes \_\_\_\_ No How often do you use this substitute? \_\_\_\_\_  
What are your plans for substitute care in the event of an emergency? \_\_\_\_\_

Number of your own children under the age of twelve \_\_\_\_\_

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 \_\_\_\_\_

What kind of discipline and/or guidance do you use with children's ages?

Toddlers: \_\_\_\_\_

Preschoolers: \_\_\_\_\_

School-Age: \_\_\_\_\_

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

Enrollment & Contract forms? \_\_\_\_ Yes \_\_\_\_ No Immunization records? \_\_\_\_ Yes \_\_\_\_ No

Do you have a Policy Procedure Handbook to give to parents/guardians? \_\_\_\_ Yes \_\_\_\_ No

Have you had any difficulties or situations providing child care during the past year?

\_\_\_\_ Yes \_\_\_\_ No Provide explanation: \_\_\_\_\_

Is there a training or resource that would help you with these kinds of situations? \_\_\_\_\_

Do you discuss methods of toilet training, child development spurts and behaviors etc. with  
parents/guardians? \_\_\_\_ Yes \_\_\_\_ No

Has anyone moved in or out of your household in the past year? \_\_\_\_ Yes \_\_\_\_ No

Describe: \_\_\_\_\_

Do you read to infants and children daily? \_\_\_\_ Yes \_\_\_\_ No If so, estimate the time you devote  
to literacy and literacy activities \_\_\_\_\_

**Health & Safety Issues:**

List the rooms in your home or facility that will be used by the children in your care; (examples living room, kitchen etc.)

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

Do all rooms have at least two means of escape? \_\_\_ Yes \_\_\_ No

Is a basement room used for child care? \_\_\_ Yes \_\_\_ No If so, is the furnace/water heater areas separated from the play area? \_\_\_ Yes \_\_\_ No

Do you have a second mean of escape from your basement? \_\_\_ Yes \_\_\_ No

Where is the fire extinguisher located on each floor? \_\_\_\_\_

What size (classification) is it? \_\_\_\_\_

Does it need recharging? \_\_\_ Yes \_\_\_ No

Where are the smoke detectors located in the home/facility? \_\_\_\_\_

When they were last tested/Date: \_\_\_\_\_ Do you test fire alarms monthly? \_\_\_ Yes \_\_\_ No

Do you need your CPR/1<sup>st</sup> Aid certificate renewed? \_\_\_ Yes \_\_\_ No SIDS/SBS \_\_\_ Yes \_\_\_ No

Please indicate if these items are secured or stored in locked areas:

- Medicines (prescription, over the counter medicines and vitamins) \_\_\_ Yes \_\_\_ No
- Cleaning supplies \_\_\_ Yes \_\_\_ No Plastic bags and wrap \_\_\_ Yes \_\_\_ No
- Does your home or facility have firearms? \_\_\_ Yes \_\_\_ No \*If so, are weapons & bullets stored separately in a locked area. \_\_\_ Yes \_\_\_ No
- Matches & lighters \_\_\_\_\_ Tools and power tools \_\_\_\_\_
- Any toxic or other hazardous chemicals including alcohol, flammables, aerosols etc. \_\_\_ Yes \_\_\_ No

Do you have the following items in your first-aid supplies? \*keep replenish and check dates for expirations

<u>Supplies:</u>	<u>Yes</u>	<u>No</u>
Band-aids	_____	_____
Bandages	_____	_____
Non Stick pads	_____	_____
Eye patches	_____	_____
Tape	_____	_____
Antiseptic wipes	_____	_____
First-Aid cream	_____	_____
Instant cold pack	_____	_____
Disposable gloves	_____	_____
Scissors	_____	_____
Tweezers	_____	_____
CPR/1 <sup>st</sup> aid Manual	_____	_____

Is the play yard fenced?  Yes  No Usable outdoor play space is \_\_\_\_\_sq. feet  
Do you inspect the playground equipment for loose or sharp hazards?  Yes  No  
Do you have a swimming pool/wading pool and is it inaccessible to children (except during supervised use) and is it kept cleaned?  Yes  No  
Do you clean the diaper changing area with a solution of chlorine and water (recommended 2 teaspoons of bleach to 1 quart) after each diaper change?  Yes  No  
Are children washed with disposable wipes or single use cloths, are soiled diapers placed in a pail and emptied when full at least daily?  Yes  No  
Do you have garbage containers and pick up?  Yes  No

Do you carry child care liability insurance?  Yes  No What agency/company? \_\_\_\_\_

\_\_\_\_\_Have you had any house/facility fires?  Yes  No

Do you have a current physicians report for yourself and helper/substitute?

(Self)  Yes  No (Helper/Substitute)  Yes  No

How many hours do you allow for the television to be on during child care hours? \_\_\_\_\_

\*Please attach a copy of your daily schedule of activities starting with arrival and going throughout a typical day.

Does the children get outdoors each day, weather permitting?  Yes  No

Do you know you are legally required to report any suspicion of child neglect or abuse to your local social services?  Yes  No

<b>Becker County</b>	<b>218-847-5628</b>
<b>Mahnomen County</b>	<b>218-935-2568</b>
<b>Clearwater County</b>	<b>218-694-6164</b>
<b>Indian Child Welfare</b>	<b>218-983-4647</b>

Have you cared for any children this year where you suspected abuse or neglect?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_Did you report the incident?  Yes  No

Has anyone in your household received treatment or counseling for chemical dependency within the past 12 months?  Yes  No If yes, please explain: \_\_\_\_\_

Has anyone in your household received psychiatric counseling in the past 12 months?  Yes  No If yes, please explain \_\_\_\_\_

Have you received the required number of training hours in the past year?  Yes  No

\*\*A child care license may **not be** renewed if you have not completed the required number of training hours and/or CPR/1<sup>st</sup> Aid for the past license year.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensing Worker

\_\_\_\_\_  
Date