COMPLIANCE CHECK LIST/SCHOOL AGE CHILD CARE CENTER

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1257 (Rev. 3-2009)

Clear Fields

Facility Full Legal Name:		Provider License Number:	
Owner/Operator Full Legal Name:		Date of Licensing Study:	
Address:		EIN if available:	
City:	Zip Code:	Ages of Children:	Maximum Number of Children:
Mailing Address if Different:		Telephone Number:	

I. LICENSE APPLICATION/DISPLAY

☐ Yes	☐ No	☐ N/A		LICENSING FEE SUBMITTED WITH APPLICATION ☐ One Year Application ☐ Two Year Application
☐ Yes	☐ No	☐ N/A	75-03-11.1-04(2)	LICENSE DISPLAYED

II. DUTIES OF OPERATOR

☐ Yes	☐ No		75-03-11.1-08(5)	CARRIES LIABILITY INSURANCE
☐ Yes	☐ No		75-03-11.1-08(6)	DEVELOP/MAINTAIN POLICIES/PROCEDURES RELATED TO CHILDREN'S ACTIVITIES/CARE/ENROLLMENT/RESPONSIBILITIES/ RIGHTS OF STAFF/PARENT
☐ Yes	☐ No		75-03-11.1-08(7)	PERSONAL POLICIES INCLUDE WRITTEN REFERENCES, EMPLOYMENT HISTORIES, STAFF PERFORMANCE EVALUATIONS
☐ Yes	☐ No		75-03-11.1-08(8)	MAINTENANCE OF ATTENDANCE, HEALTH, FINANCIAL, OTHER RECORDS AS REQUIRED BY STATUE OR RULE
☐ Yes	☐ No		75-03-11.1-08(9)	AUTHORIZATION FOR CHILD ABUSE/NEGLECT BACKGROUND CHECK FOR EACH STAFF/VOLUNTEER
☐ Yes	☐ No		75-03-11.1-08(10)	MAINTENANCE OF INFORMATION TO VERIFY STAFF QUALIFICATIONS
☐ Yes	☐ No		75-03-11.1-08(12)(a)	POLICIES/PROCEDURES ON HOW TO RESPOND TO ACCIDENTS/ILLNESSES
☐ Yes	☐ No		75-03-11.1-08(13)	PARENTS INFORMED OF POLICIES, FEES, PROCEDURES, NAME, ADDRESS, PHONE NUMBER OF OPERATOR AND DIRECTOR
☐ Yes	☐ No		75-03-11.1-08(17)	WRITTEN AGREEMENTS WITH PARENTS FOR FEE PAYMENTS, METHOD OF PAYMENT, POLICIES OF DELINQUENT FEES
☐ Yes	☐ No		75-03-11.1-08(20)	PROVIDES UNLIMITED ACCESS AND OPPORTUNITIES FOR PARENTS TO OBSERVE THEIR CHILD IN CARE
☐ Yes	☐ No		75-03-11.1-08(23)	DEVELOPED PROCEDURES AND COMPLIANCE OF ACCOUNTABILITY WHEN CHILD FAILS TO ARRIVE
☐ Yes	☐ No		75-03-11.1-08(25)	WRITTEN POLICY FOR STAFF FOR REPORTING CHILD ABUSE/NEGLECT
☐ Yes	☐ No	☐ N/A	75-03-11.1-08(26)	REPORT TO COUNTY DIRECTOR WITHIN 24 HRS. A DEATH/SERIOUS ACCIDENT/ILLNESS REQUIRING HOSPITALIZATION
☐ Yes	☐ No		75-03-11.1-08(26)	STAFF WITH CURRENT CPR CERTIFICATION/FIRST AID TRAINING AT ALL TIMES
☐ Yes	☐ No		75-03-11.1-08(30)	CARE CHECK INFORMATION AVAILABLE TO PARENTS

III. STAFF REQUIREMENTS

☐ Yes	☐ No	75-03-11.1-08.1(2)(a-h)	QUALIFIED DIRECTOR'S NAME _____ Letter ____
☐ Yes	☐ No	75-03-11.1-13 (2)	FURNISH DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER.
☐ Yes	☐ No	75-03-11.1-08.1(2)(1)	MINIMUM OF 13 HRS OF ANNUAL COUNTY-APPROVED TRAINING AND CERTIFIED ATTENDANCE DOCUMENTATION
☐ Yes	☐ No	75-03-11.1-08.2(6)	DIRECTOR PRESENT AT LEAST 60% OF THE TIME
☐ Yes	☐ No	75-03-11.1-13(1)	COMPLETED SFN 836 HEALTH INFORMATION CERTIFICATION
☐ Yes	☐ No	75-03-11.1-27 & 28	AUTHORIZATION FOR BACKGROUND CHECK (SFN 508)
☐ Yes	☐ No	75-03-11.1-08.3(a-e)	QUALIFIED CHILD CARE SUPERVISOR'S OR SITE COORDINATOR'S Name _____ Letter ____
☐ Yes	☐ No	75-03-11.1-08.3(4)	CURRENT CPR CERTIFICATION/FIRST AID TRAINING
☐ Yes	☐ No	75-03-11.1-13 (2)	FURNISH DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER.
☐ Yes	☐ No	75-03-11.1-08.3(5)	MINIMUM OF 13 HRS. OF ANNUAL COUNTY-APPROVED TRAINING AND AND CERTIFIED ATTENDANCE DOCUMENTATION
☐ Yes	☐ No	75-03-11.1-27 & 28	AUTHORIZED FOR BACKGROUND CHECK (SFN 508)
☐ Yes	☐ No	75-03-11.1-08(26)	DESIGNATED STAFF WITH CPR CERTIFICATION ON DUTY AT ALL TIMES Name: _____ _____ _____ _____
☐ Yes	☐ No	75-03-11.1-08(26)	DESIGNATED STAFF WITH FIRST-AID TRAINING ON DUTY AT ALL TIMES Name: _____ _____ _____ _____
☐ Yes	☐ No	75-03-11.1-08.4	QUALIFIED CHILD CAREGIVERS
☐ Yes	☐ No	75-03-11.1-13(2)	FURNISH DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER
☐ Yes	☐ No	75-03-11.1-08.4(2)(a-d)	MINIMUM REQUIRED HRS. OF ANNUAL COUNTY-APPROVEDTRAINING AND ATTENDANCE DOCUMENTATION
☐ Yes	☐ No	75-03-11.1- 27 & 28	AUTHORIZATION FOR BACKGROUND CHECK (SFN 508)
☐ Yes	☐ No	75-03-11.1-08.4(3)	NEW CAREGIVERS RECEIVE 2 DAYS ORIENTATION WITHIN FIRST WEEK
☐ Yes	☐ No	75-03-11.1-08.4(3)(a-g)	REQUIRED SUBJECTS ADDRESSED IN ORIENTATION
☐ Yes	☐ No	75-03-11.1-08.5	VOLUNTEERS QUALIFIED FOR TASKS ASSIGNED/RECEIVE ORIENTATION
☐ Yes	☐ No	75-03-11.1-09(2)(c)	ADULT SUPERVISION FOR ALL CAREGIVERS AND CHILDREN UNDER 18
☐ Yes	☐ No	75-03-11.1-08(16)	QUALIFIED SUBSTITUTES AVAILABLE FOR REGULAR CAREGIVERS
☐ Yes	☐ No	75-03-11.1-09(2)(a)(1-3)	MEETS STAFFING REQUIREMENTS/MAXIMUM GROUP SIZE

IV. EMERGENCY CARE FOR CHILDREN

☐ Yes	☐ No		75-03-11.1-26(1)	WRITTEN PLANS TO RESPOND TO ILLNESS AND EMERGENCIES
☐ Yes	☐ No		75-03-11.1-26(1)(a)	CONSPICUOUS POSTING OF EMERGENCY RESPONSE PROCEDURES
☐ Yes	☐ No	☐ N/A	75-03-11.1-26(1)(d)	INFORM PARENT IN WRITING OF FIRST AID TO CHILD WITHIN 24 HRS OF INCIDENT/IMMEDIATE NOTIFICTAION BEYOND FIRST AID

IV. EMERGENCY CARE FOR CHILDREN (CONT.)

☐ Yes	☐ No	☐ N/A	75-03-11.1-26(1)(e)	INJURY REPORT PART OF CHILD'S RECORD
☐ Yes	☐ No		75-03-11.1-26(1)(f)	INFECTIOUS CONTROL MEASURES/STATE DEPARTMENT OF HEALTH
☐ Yes	☐ No		75-03-11.1-26(1)(b)	APPROVED FIRST AID KIT(S) MAINTAINED, KEPT IN MAJOR ACTIVITY AREA, ACCESSIBLE TO STAFF, AND INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-11.1-26(1)(c)	WORKING PHONE IN CENTER IMMEDIATELY ACCESSIBLE TO STAFF WITH EMERGENCY NUMBERS CONSPICUOUSLY POSTED ADJACENT TO PHONE
☐ Yes	☐ No	☐ N/A	75-03-11.1-26(1)(g)	MEDICAL CONSULTANT AVAILABLE FOR SICK CHILDREN WHEN HEALTH POLICIES OF SCHOOL AGE ILL CHILDREN ADMITTED OR REMAIN
☐ Yes	☐ No		75-03-11.1-26(1)(j)	CHILD WITH INFECTIOUS OR COMMUNICABLE CONDITIONS ARE EXCLUDED UNTIL CONDITION IS NO LONGER TRANSMITTED
☐ Yes	☐ No		75-03-11.1-26(1)(h)(1)	PARENT WRITTEN PERMISSION TO DISPENSE MEDICATION/PROPER INSTRUCTION FROM PARENT/PHYSICIAN
☐ Yes	☐ No		75-03-11.1-26(1)(h)(2)	PRESCRIBED MEDICATION ACCOMPANIED BY PHYSICIAN WRITTEN INSTRUCTION
☐ Yes	☐ No		75-03-11.1-26(1)(h)(2)(4)	WRITTEN RECORD OF MEDICATION (INCLUDING OVER THE COUNTER) DATE/TIME OF EACH ADMINISTRATION DOSAGE/STAFF PERSON/INCLUDE RECORD IN CHILD'S FILE
☐ Yes	☐ No		75-03-11.1-26(1)(h)(5)	MEDICATION PROPERLY STORED/INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-11.1-16(1)	APPROVED/POSTED/WRITTEN EMERGENCY EVACUATION AND DISASTER PLAN
☐ Yes	☐ No		75-03-11.1-16(2)	FIRE DRILLS PERFORMED
☐ Yes	☐ No		75-03-11.1-17(1)	FIRE INSPECTIONS COMPLETED ANNUALLY/RECORDED AND ON FILE
☐ Yes	☐ No		75-03-11.1-17(1)	ALL FIRE VIOLATIONS CORRECTED
☐ Yes	☐ No		75-03-11.1-17(1)	EQUIPPED WITH SUFFICIENT SMOKE DETECTORS AND FIRE EXTINQUISHERS

V. RECORDS

☐ Yes	☐ No	75-03-11.1-22(1)	COPY OF CHAPTER 75-03-11.1 ON PREMISES
☐ Yes	☐ No	75-03-11.1-22(2)(a)	CHILDREN'S NAME, BIRTHDATE, CURRENT HOME ADDRESS
☐ Yes	☐ No	75-03-11.1-22(2)(b)	NAMES OF CHILD'S PARENT OR LEGAL GUARDIAN
☐ Yes	☐ No	75-03-11.1-22(2)(c)	TELEPHONE NUMBERS WHO MAY ASSUME RESPONSIBILITIES
☐ Yes	☐ No	75-03-11.1-22(2)(d)	WRITTEN EMERGENCY CARE AUTHORIZATION
☐ Yes	☐ No	75-03-11.1-22(2)(e)	NAMES AND TELEPHONE NUMBERS OF PERSONS AUTHORIZED TO TAKE CHILD
☐ Yes	☐ No	75-03-11.1-22(2)(f)	IMMUNIZATION RECORD, UNLESS DROP-IN CHILD
☐ Yes	☐ No	75-03-11.1-22(2)(g)	CURRENT HEALTH ASSESSMENTS, COMPLETED ANNUALLY
☐ Yes	☐ No	75-03-11.1-22(3)(c)	RELEASE OF INFORMATION FORM AVAILABLE/SIGNED/WHEN APPROPRIATE

VI. TRANSPORTATION

☐ Yes	☐ No	☐ N/A	75-03-11.1-15(1)	WRITTEN TRANSPORTATION POLICY/WHO WILL PROVIDE/HOW PARENTAL PERMISSION IS OBTAINED/INSURANCE COVERAGE
☐ Yes	☐ No	☐ N/A	75-03-11.1-15(1)	ALL VEHICLES USED TO TRANSPORT CHILDREN MUST BE IN SAFE OPERATING CONDITION, COMPLIANCE STATE/LOCAL LAWS

VI. TRANSPORTATION (CONT.)

☐ Yes	☐ No	☐ N/A	75-03-11.1-15(2)	CHILDREN ARE ADEQUATELY STAFFED, SAFETY PRECAUTIONS, LIABILITY/ MEDICAL INSURANCE
☐ Yes	☐ No	☐ N/A	75-03-11.1-15(2)(b)	CHILDREN ARE ATTENDED TO IN A VEHICLE
☐ Yes	☐ No	☐ N/A	75-03-11.1-15(4)	DRIVER COMPLIES WITH ALL RELEVANT STATE LOCAL LAWS

VII. SANITATION AND SAFETY

☐ Yes	☐ No	☐ N/A	75-03-11.1-18(1)	HEALTH AND SANITATION INSPECTIONS COMPLETED AND ON FILE
☐ Yes	☐ No		75-03-11.1-18(2)	ESTABLISHED ROUTINE MAINTENANCE AND CLEANING PROCEDURES
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(4)	CONTAINED PLAY AREA IF NEAR BUSY STREET OR UNSAFE AREA
☐ Yes	☐ No		75-03-11.1-18(5)	GARBAGE ADEQUATELY STORED
☐ Yes	☐ No		75-03-11.1-18(7)	SWIMMING POOLS APPROVED BY LOCAL HEALTH UNIT
☐ Yes	☐ No		75-03-11.1-18(10)	STEPS, FLOORS, AND WALKWAYS FREE FROM WATER, ICE, SNOW, IN GOOD CONDITION, NON SLIPPERY AND SPLINTER FREE
☐ Yes	☐ No		75-03-11.1-18(9)	INDOOR AND OUTDOOR EQUIPMENT, TOYS, AND SUPPLIES MUST BE SAFE STRONG NON-TOXIC, AND IN GOOD REPAIR
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(8)	SAFE LEAD CONTENT ON DAMAGED PAINTED SURFACES IN BUILDINGS ERECTED BEFORE 1/1/70
☐ Yes	☐ No		75-03-11.1-18(11)	RAILINGS ON ELEVATED AREAS WHEN NECESSARY TO PREVENT FALLS
☐ Yes	☐ No		75-03-11.1-18(12)	DOORS OF SUFFICIENT WIDTH FOR ENROLLED CHILDREN WITH WHEELCHAIRS
☐ Yes	☐ No		75-03-11.1-18(13)	ALL DOORS AND PATHWAYS FREE FROM BLOCKAGE
☐ Yes	☐ No		75-03-11.1-18(14)	LIGHT BULBS SHIELDED OR SHATTERPROOF IN AREAS USED BY CHILDREN
☐ Yes	☐ No		75-03-11.1-18(16)	COMFORTABLE ROOM TEMPERATURE, ADEQUATE VENTILATION AND PROPER HUMIDITY
☐ Yes	☐ No		75-03-11.1-18(16)	APPROVED HEATING DEVICES
☐ Yes	☐ No		75-03-11.1-18(17)	LAVATORIES, TOILETS, TABLES, CHAIRS, AND FLOORS MUST BE CLEANED DAILY
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(17)	COTS AND/OR SLEEPING MATS MUST BE INDIVIDUALLY LABELED, CLEANED, AND SANITIZED AT LEAST WEEKLY
☐ Yes	☐ No		75-03-11.1-18(18)	STORAGE OF PERSONAL ITEMS IN SANITARY MANNER (BLANKETS, COVERING, COMBS, PILLOWS, TOOTHBRUSHES, ETC)
☐ Yes	☐ No		75-03-11.1-18(20)	ANY POISONOUS OR HAZARDOUS MATERIALS INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-11.1-18(21)(c)	HOT WATER 120 DEGREES FAHRENHEIT OR LESS
☐ Yes	☐ No		75-03-11.1-18(21)(c)	HOT AND COLD RUNNING WATER FROM APPROVED SOURCE
☐ Yes	☐ No		75-03-11.1-18(21)(b)	DRINKING WATER MUST BE PROVIDED BY ANGLE JET DRINKING FOUNTAIN WITH MOUTH GUARD OR RUNNING WATER SUPPLY WITH INDIVIDUAL SINGLE SERVING CUPS
☐ Yes	☐ No		75-03-11.1-18(22)(d)	ONE LAVATORY AND ONE FLUSH TOILET PER EACH 15 CHILDREN

VII. SANITATION AND SAFETY (CONT.)

☐ Yes	☐ No		75-03-11.1-18(22)(e)	SEPARATE REST ROOMS FOR BOYS AND GIRLS IF SERVING AGE SIX OR OVER AND PARTITIONS TO SEPARATE TOILETS
☐ Yes	☐ No		75-03-11.1-18(22)(f)	HANDWASHING LAVATORY IN EACH TOILET ROOM
☐ Yes	☐ No		75-03-11.1-18(22)(g)	SANITARY HAND-DRYING EQUIPMENT OR MATERIALS NEAR LAVATORIES
☐ Yes	☐ No		75-03-11.1-18(22)(h)	STEP STOOLS OR CHILD SIZE TOILETS AVAILABLE FOR AGE-APPRORIATE CHILDREN
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(26)	PETS MUST BE PROPERLY IMMUNIZED, RESTRICTED, AND MAINTAINED
☐ Yes	☐ No		75-03-11.1-18(27)	SMOKE FREE ENVIRONMENT WHEN CHILDREN PRESENT
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(24)(a-g)	LAUNDRY AREA SAFE

VIII. SPACE

☐ Yes	☐ No	75-03-11.1-19(1)	PROVIDES ADEQUATE SPACE FOR ALL CHILDREN IN ATTENDANCE
☐ Yes	☐ No	75-03-11.1-19(2)	PROVIDES 35 SQ. FT. PER CHILD OF INDOOR SPACE
☐ Yes	☐ No	75-03-11.1-19(2)	PROVIDES DAILY ACCESS OF 75 SQ. FT. PER CHILD OF OUTDOOR SPACE
☐ Yes	☐ No	75-03-11.1-19(3)(a-e)	MINIMUM LIGHTING REQUIREMENTS MET

IX. FOOD & NUTRITION

☐ Yes	☐ No	☐ N/A	75-03-11.1-21(1)	MEAL PATTERNS MEET USDA STANDARDS
☐ Yes	☐ No	☐ N/A	75-03-11.1-21(5)(a-c)	SNACKS AND/OR MEALS SERVED TO CHILDREN IN CARE
☐ Yes	☐ No		75-03-11.1-21(2)	SAFE DRINKING WATER ACCESSIBLE TO CHILDREN AT ALL TIMES
☐ Yes	☐ No	☐ N/A	75-03-11.1-21(7)	MENU PLANNING AND FEEDING SCHEDULES INCLUDE INFORMATION FROM PARENTS TO TAILOR A CHILDS NEEDS
☐ Yes	☐ No	☐ N/A	75-03-11.1-21(6)	WEEKLY MENUS PREPARED AND AVAILABLE TO PARENT, DEPARTMENT, DEPARTMENT, OR OTHER APPROPRIATE INDIVIDUALS
☐ Yes	☐ No	☐ N/A	75-03-11.1-18(1)	ANNUAL INSPECTION CONDUCTED BY HEALTH DEPARTMENT REPRESENTATIVE WHEN MEALS PREPARED

FOOD PROGRAM SPONSOR _____

X. PROGRAM

☐ Yes	☐ No	75-03-11.1-20(1)(3)	WRITTEN AND PLANNED PROGRAM TO PROMOTE: PHYSICAL/EMOTIONAL WELL BEING, TO ENCOURAGE ACQUISITION OF INFORMATION/KNOWLEDGE, FOSTER DEVELOPMENT OF LANGUAGE/CONCEPTS, SELF DISCIPLINE, AND PROBLEM SOLVING SKILLS
☐ Yes	☐ No	75-03-11.1-20(3)	WRITTEN PROGRAM MADE AVAILABLE TO PARENTS
☐ Yes	☐ No	75-03-11.1-20(1)	PROGRAM FLEXIBLE AND DEVELOPED WITH CONSULTATION OF PARENTS
☐ Yes	☐ No	75-03-11.1-20(9)	CULTURAL DIVERSE PROGRAM

X. PROGRAM (CONT.)

☐ Yes	☐ No		75-03-11.1-20(14)	PROGRAM ENCOURAGES PARENT TO VISIT WHILE CHILD IN CARE
☐ Yes	☐ No		75-03-11.1-20(17)	CONCERS ABOUT CHILD COMMUNICATED PROMPTLY AND DIRECTLY TO PARENT
☐ Yes	☐ No		75-03-11.1-20(10)	DURABLE/SAFE FURNITURE/EQUIPMENT FOR CHILDREN USE
☐ Yes	☐ No		75-03-11.1-20(8)	SUFFICIENT PLAY MATERIALS AND EQUIPMENT
☐ Yes	☐ No		75-03-11.1-20(6)	BALANCE OF INDOOR, OUTDOOR, AND QUIET/ACTIVE AND INDIVIDUAL ACTIVITIES
☐ Yes	☐ No	☐ N/A	75-03-11.1-20(19)	ADEQUATE NAPPING ARRANGEMENTS (SPACE BETWEEN COTS AND INDIVIDUAL COTS OR MATS)
☐ Yes	☐ No		75-03-11.1-20(19)	AREA FOR SUPERVISED PLAY FOR THOSE UNABLE TO REST

XI. SPECIALIZED TYPES OF CARE

☐ Yes	☐ No	☐ N/A	75-03-11.1-24(2)(a)	SUFFICIENTLY STAFFED TO HANDLE ADMISSION RECORDS AND EXPLAIN POLICIES/PROCEDURES FOR DROP-IN CHILDREN
☐ Yes	☐ No	☐ N/A	75-03-11.1-24(1)(a-f)	ADEQUATE NIGHT CARE ARRANGEMENT
☐ Yes	☐ No	☐ N/A	75-03-11.1-25(1)(2)(3)	ADEQUATE ARRANGEMENT FOR CHILDREN WITH SPECIAL NEEDS AND DOCUMENTATION AS HOW NEEDS WILL BE MET

XII. DISCIPLINE

☐ Yes	☐ No	75-03-11.1-23(1)	WRITTEN POLICY REGARDING DISCIPLINE
☐ Yes	☐ No	75-03-11.1-23(1)	ALL STAFF AWARE OF DISCIPLINE POLICIES BEFORE WORKING WITH CHILDREN
☐ Yes	☐ No	75-03-11.1-23(2-9)	METHOD OF DISCIPLINE APPROPRIATE

XIII. CONVICTION/ABUSE/NEGLECT

☐ Yes	☐ No	75-03-11.1-27(1)(a)(b)(2-4)	WRITTEN POLICY REGARDING EMPLOYMENT CONVICTED INDIVIDUAL
☐ Yes	☐ No	75-03-11.1-28	PROCEDURE TO FURNISH INFORMATION TO DEPARTMENT ON STAFF MEMBERS ABILITY TO PROVIDE CARE FREE OF ABUSE/NEGLECT

LIST NAMES OF ALL EMPLOYEES/VOLUNTEERS ON SITE		

SCHOOL AGE:

Number of children per group (not to exceed 30)	**Staff**
0-14	1
15-30	2

Total No. Children:	Total Groups:	Total Staff:

SUMMARY OF LICENSING STUDY			
ENCLOSURES	**YES**	**NO**	**N/A**
1. Application to be Licensed, (SFN 832)			
2. Fire Inspection Report			
3. Health/Sanitation Report			
4. Documentation Records for All Employees (SFN 343)			
5. Self-CertificationDocumentation/Health Information Certification (SFN 836)			
6. Background Check Form (SFN 508) for all Staff/Volunteers			
7. Copy of School Age Child care Policies/Procedures			
8. Documentation to Verify Qualification of Staff			
9. Programming Schedule			
10. Floor Plan			
11. Pet Immunization Records			

Provider:	Number of Children Enrolled:
Date:	Number of Children Present:

Include Providers Own Children Ages 0 - 12

NAME/AGE/SCHEDULE OF CHILD (Days/Time) Full\Part time\Drop-in	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER.	NAME OF EMERGENCY CONTACT PERSON TELEPHONE NUMBER	AUTHORIZATION TO RELEASE CHILD ON FILE	IMMUNIZATION RECORD ON FILE	PARENT STATEMENT ON HEALTH OF CHILD
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Provider:	Number of Children Enrolled:
Date:	Number of Children Present:

Include Providers Own Children Ages 0 - 12

NAME/AGE/SCHEDULE OF CHILD (Days/Time) Full\Part time\Drop-in	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON TLEPHONE NUMBER	AUTHORIZATION TO RELEASE CHILD ON FILE	IMMUNIZATION RECORD ON FILE	PARENT STATEMENT ON HEALTH OF CHILD
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

	Provider's Name:
	Provider's Address:

COUNTY LICENSER USE ONLY

County Licenser Comment: Explain all NOs and N/As on Licensing Study:		
Other Comment: (Name of Food Program)		
County Licenser Requests **Provisional** License: ☐ Yes ☐ No		If Yes, Document Reason/Solution:
County Licenser Recommends **Denial**: ☐ Yes ☐ No		If Yes, Explain:
Report of Abuse/Neglect: ☐ Yes ☐ No		County Licenser Recommendation for Licensure: ☐ Yes ☐ No **If Yes, complete 5 lines listed below:**
If Yes, Log Number of Report:	County:	☐ New License ☐ Fees Collected ☐ Renewal ☐ Fees Processed
Health/Sanitation Inspection: ☐ Yes ☐ No ☐ N/A		License Number:
Fire Inspection: ☐ Yes ☐ No ☐ N/A		Change License Type: From _____ To _____
Submitted by County Licenser (Signature):		Maximum Number of Children:
Date Application Packet Complete:		Age Range of Children: _____ to _____
		Recommended License Effective Date: From_____ through _____

REGIONAL OFFICE USE ONLY

Date Application/Licensing Study Received:		Date County Licenser Signed Off:
Date Regional Office Reviews Study:	Maximum Number of Children:	Age Range of Children: _____ to _____
Child Abuse/Neglect Index _____ Sexual Offender List _____	**Restricted** License: ☐ Yes ☐ No If Yes Explain:	License Effective Date: From:_____Through:_____
Date License Add/Delete Slip Transmitted to Bismarck:		Date Confirmation Received From Bismarck:
Comments:		
Regional Office Signature:		Date:
Date **Provisional** License Request Reviewed with Central Office:		Provisional License Request: ☐ Approved ☐ Denied
Written Agreement Signed by Provider of Provisional License on:		Date Provisional License Issued:
Date Provision License Expires:	Number of Children:	Age Range of Children: _____ to _____
If Provisional License Request Denied - Explain:		
Denial Request Approved or Denied - Explain:		

COUNTY LICENSURER USE ONLY (Additional Information)

REGIONAL OFFICE USE ONLY (Addition Information)