COMPLIANCE CHECK LIST/FAMILY CHILD CARE HOMES

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1422 (Rev. 3-2009)

Clear Fields

Full Legal Name of Program:		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:		Provider's Telephone Number:	

I. LICENSE APPLICATION/DISPLAY

☐ Yes ☐ No

LICENSING FEE SUBMITTED WITH APPLICATION
- ☐ One Year Application
- ☐ Two Year Application

☐ Yes ☐ No ☐ N/A 75-03-08-04(2) LICENSE DISPLAYED

II. PROVIDER RESPONSIBILITIES

☐ Yes ☐ No 75-03-08-08.1(a) PROVIDER IS CERTIFIED IN CPR, EITHER AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, OR PROGRAM APPROVED BY THE DEPARTMENT
EXPIRATION DATE: _____

☐ Yes ☐ No 75-03-08-08.1(b) PROVIDER IS CERTIFIED OR TRAINED IN A DEPARTMENT-APPROVED FIRST AID PROGRAM

☐ Yes ☐ No ☐ N/A 75-03-08-13(2) PROVIDER SHALL FURNISH DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1STN DAY OF WORK, AND EVERY TWO YEARS THEREAFTER
EXPIRATION DATE: _____

☐ Yes ☐ No 75-03-08.08.1(4) PROVIDER HAS AN ADULT PRESENT AT ALL TIMES TO SUPERVISE STAFF UNDER AGE 18 AND CHILDREN IN CARE

☐ Yes ☐ No 75-03-08-08.1(5) PROVIDES AN ENVIRONMENT WHICH IS FREE FROM HARM AND DANGERTO A CHILD'S PHYSICAL AND EMOTIONAL HEALTH

☐ Yes ☐ No ☐ N/A 75-03-08-08.1(6) REPORT TO COUNTY DIRECTOR OR DESIGNEE WITHIN 24 HOURS A DEATH/SERIOUS ACCIDENT/ILLNESS REQUIRING HOSPITALIZATION

☐ Yes ☐ No 75-03-08-08.1(7) DEVELOP AND FOLLOW PROCEDURE FOR ACCOUNTABILITY WHEN A NORMALLY UNACCOMPANIED CHILD FAILS TO ARRIVE

III. STAFFING REQUIREMENTS

☐ Yes ☐ No 75-03-08-09 MEETS STAFFING REQUIREMENTS BY THE NUMBER OF CHILDREN PHYSICALLY IN CARE AT THE CHILD CARE HOME AT A GIVEN TIME

☐ Yes ☐ No 75-03-08-09(1)(2) PROVIDES CARE FOR NO MORE THAN A TOTAL OF 4 CHILDREN IF ALL ARE UNDER AGE 24 MONTHS OR 5 OR MORE CHILDREN, (NOT TO EXCEED 7), OF WHICH NO MORE THAN 3 CHILDREN ARE UNDER AGE 24 MONTHS

☐ Yes ☐ No ☐ N/A 75-03-08-03(6) HAS 2 ADDITIONAL SCHOOL AGE CHILDREN DURING 2 HOURS IMMEDIATELY BEFORE AND AFTER THE SCHOOL DAY AND ALL DAY EXCEPT SATURDAY AND SUNDAY DURING OFFICIAL SCHOOL YEAR

☐ Yes ☐ No ☐ N/A 75-03-08-09(3) CHILD'S DEVELOPMENTAL AGE USED IN DETERMINING NUMBER OF CHILDREN THAT CAN BE IN CARE AT ANY GIVEN TIME WHEN CHILD HAS DISABLING CONDITION

☐ Yes ☐ No ☐ N/A 75-03-08-09(4) CHILD CARE HOME IS A LICENSED FACILITY FOR MCGRUFF SAFE HOUSE, BLOCKHOUSE OR CERTIFIED SAFE HOUSE

IV. MINIMUM QUALIFICATION OF PROVIDER

☐ Yes ☐ No 75-03-08-10(1) PROVIDER IS AT LEAST 18 YEARS OF AGE

☐ Yes ☐ No 75-03-08-10(3) PROVIDER IS PRESENT AT LEAST 60% OF THE TIME

☐ Yes ☐ No 75-03-08-10(4) REPORT SUSPECTED CHILD ABUSE/NEGLECT AS REQUIRED PER NDCC 50-25.1

IV. MINIMUM QUALIFICATION OF PROVIDER (CONT)

☐ Yes	☐ No		75-03-08-10(5)	EMERGENCY DESIGNEE AS A BACKUP - CAREGIVER NAME _____
☐ Yes	☐ No		75-03-08-10(6)	PROVIDER ENSURES SAFE CARE FOR CHILDREN UNDER SUPERVISION
☐ Yes	☐ No		75-03-08-10(7)	PROVIDER IS MENTALLY,PHYSICALLY,AND EMOTIONALLY ABLE TO PROVIDE ADEQUATE CARE FOR CHILDREN
☐ Yes	☐ No	☐ N/A	75-03-08-10(2)	HAS CERTIFIED ATTENDANCE AT A MINIMUM OF 9 HOURS ANNUALLY OF COUNTY-APPROVED TRAINING, RELATED TO CHILD CARE ANNUALLY
☐ Yes	☐ No	☐ N/A	75-03-08-10(2)	EFFECTIVE 1/1/99, INITIALLY LICENSED PROVIDER HAS ATTENDED DEPARTMENT-APPROVED SIX HOUR BASIC CHILD CARE TRAINING DURING FIRST YEAR OF LICENSURE (COUNTS TOWARD 9 HOURS)
☐ Yes	☐ No		75-03-08-13(1)	PROVIDER HAS COMPLETED SFN 836, HEALTH INFORMATION CERTIFICATION
☐ Yes	☐ No		75-03-08(27) 75-03-08(28) NDCC 50-11.1-04	PROVIDER HAS COMPLETED SFN 508, AUTHORIZATION FOR BACKGROUND CHECKS

V. MINIMUM QUALIFICATION FOR ALL CAREGIVERS

☐ Yes	☐ No	☐ N/A	75-03-08-12(1)	ANY CAREGIVER BETWEEN 14 AND 16 YEARS OF AGE HAS WRITTEN PARENTAL PERMISSION, PROVIDER IS IN COMPLIANCE WITH NDCC 34-07
☐ Yes	☐ No	☐ N/A	75-03-08-12(1)	HAS IMMEDIATE FAMILY MEMBER AGE 12 OR OLDER AS CAREGIVER
☐ Yes	☐ No	☐ N/A	75-03-08-12(2)	CAREGIVER(S) IS MENTALLY,PHYSICALLY,AND EMOTIONALLY ABLE TO PROVIDE ADEQUATE CARE FOR CHILDREN UNDER SUPERVISION
☐ Yes	☐ No	☐ N/A	75-03-08-12(3)	ENSURES SAFE CARE FOR CHILDREN UNDER SUPERVISION
☐ Yes	☐ No	☐ N/A	75-03-08-13(2)	CAREGIVER HAS FURNISHED TO PROVIDER DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER (SUBSTITUTE STAFF ARE EXEMPT) NAME/EXPIRATION DATE(S) _____
☐ Yes	☐ No	☐ N/A	75-03-08-13(1)	HAS COMPLETED SFN 836, HEALTH INFORMATION CERTIFICATION
☐ Yes	☐ No	☐ N/A	75-03-08-27 75-03-08-28 NDCC 50-11.1-04	CAREGIVER HAS COMPLETED SFN 508, AUTHORIZATION FOR BACKGROUND CHECKS

VI. SPACE

☐ Yes	☐ No	75-03-08-14(1)	PROVIDES MINIMUM OF 35 SQUARE FEET PER CHILD OF INDOOR SPACE
☐ Yes	☐ No	75-03-08-14(1)	PROVIDES MINIMUM OF 75 SQUARE FEET PER CHILD OF OUTDOOR SPACE

VII. PHYSICAL FACILITIES

☐ Yes	☐ No		75-03-08-14(2)	HOME CLEANED AND MAINTAINED IN SANITARY CONDITION
☐ Yes	☐ No		75-03-08-14(2)	RUBBISH AND GARBAGE REGULARLY REMOVED
☐ Yes	☐ No		75-03-08-14(3)	ADEQUATE HEATING, VENTILATION, HUMIDITY, AND LIGHTING
☐ Yes	☐ No		75-03-08-14(4)	ONE WORKING SMOKE DETECTOR LOCATED IN EACH SLEEPING AREA USED BY CHILDREN
☐ Yes	☐ No		75-03-08-14(4)	ONE FIRE EXTINGUISHER AND ONE WORKING SMOKE DETECTOR PER LEVEL OF HOME
☐ Yes	☐ No	☐ N/A	75-03-08-14(5)	RAILINGS OR SAFETY GATES WHERE NECESSARY TO PREVENT FALLS

VII. PHYSICAL FACILITIES (CONT)

☐ Yes	☐ No		75-03-08-14(6)	DRINKING WATER FROM APPROVED SOURCE OR FROM A SOURCE TESTED AND APPROVED BY THE STATE HEALTH DEPARTMENT
☐ Yes	☐ No		75-03-08-14(7)	EACH CHILD HAS COMFORTABLE/CLEAN PLACE TO SLEEP, INDIVIDUAL BLANKET, FLOOR CARPETED OR PADDED, WARM FREE OF DRAFT
☐ Yes	☐ No	☐ N/A	75-03-08-14(7)	CHILD IN CARE BETWEEN 8 P.M. AND 6 A.M. HAVE AN INDIVIDUAL SLEEPING PLACE
☐ Yes	☐ No	☐ N/A	75-03-08-14(7)	ANY CHILD UNDER 12 MONTHS OR UNABLE TO WALK UNASSISTED MUST BE PROVIDED A CRIB WITH A FIRM MATTRESS OR PLAY PEN ADEQUATE PADDING FOR SLEEPING
☐ Yes	☐ No	☐ N/A	75-03-08-14(7)	WHEN WATER BED USED, CHILD IS 36 MONTHS OF AGE OR OLDER, BOTH DEVELOPMENTALLY AND CHRONOLOGICALLY
☐ Yes	☐ No	☐ N/A	75-03-08-14(8)	CONTAINED PLAY AREA IF NEAR BUSY STREET OR UNSAFE AREA
☐ Yes	☐ No		75-03-08-14(9)	POTENTIAL HAZARDS INACCESSIBLE TO CHILDREN (CHEMICALS, MEDICINES, SHARP KNIVES, ETC.)
☐ Yes	☐ No	☐ N/A	75-03-08-14(9)	GUNS ARE KEPT IN LOCKED STORAGE, SEPARATE FROM AMMUNITION OR TRIGGER LOCK USE - SEPARATE FROM AMMUNITION
☐ Yes	☐ No		75-03-08-14(10)	INDOOR AND OUTDOOR EQUIPMENT, TOYS AND SUPPLIES ARE SAFE AND IN GOOD REPAIR, CLEANED, AND SANITIZED ROUTINELY
☐ Yes	☐ No		75-03-08-14(11)	EXIT DOORWAYS AND PATHWAYS ARE USABLE, FREE FROM BLOCKAGE
☐ Yes	☐ No		75-03-08-14(12)	HOME HAS WORKING TELEPHONE
☐ Yes	☐ No		75-03-08-14(13)	INDOOR BATHROOM, MINIMUM 1 LAVATORY, AND ONE FLUSH TOILET
☐ Yes	☐ No		75-03-08-14(14)	HOME HAS HOT/COLD RUNNING WATER
☐ Yes	☐ No		75-03-08-14(14)	HOT WATER IS 120 DEGREES FAHRENHEIT OR LESS (TESTED TEMP _____)
☐ Yes	☐ No		75-03-08-14(15)	FIRE/SAFETY DOES NOT APPEAR QUESTIONABLE
☐ Yes	☐ No		75-03-08-14(15)	INITIAL FIRE/SAFETY INSPECTION FOR THOSE PROVIDING CARE TO CHILDREN IN MANUFACTURED OR MOBILE HOMES, APARTMENT BUILDINGS, BASEMENTS, AND HOMES THAT HAVE ALTERNATE HEATING DEVICES
☐ Yes	☐ No		75-03-08-14(16)	STEP AND WALKWAYS FREE FROM WATER, ICE, SNOW, OR DEBRIS
☐ Yes	☐ No		75-03-08-14(17)	COMBUSTIBLE MATERIALS ARE KEPT AWAY FROM LIGHT BULB AND OTHER HEAT SOURCES
☐ Yes	☐ No	☐ N/A	75-03-08-14(18)	SOILED/WET DIAPERS ARE STORED IN A SANITARY-AIRTIGHT CONTAINER UNTIL LAUNDERED OR REMOVED FROM HOME

VIII. TRANSPORTATION

☐ Yes	☐ No		75-03-08-15(1)	EFFECTIVE 1-1-99 WITHIN 90 DAYS OF LICENSURE OR RELICENSURE HAS WRITTEN TRANSPORTATION POLICY/WHO WILL PROVIDE/HOW PARENTAL PERMISSION IS OBTAINED, INFORM PARENT OF INSURANCE COVERAGE
☐ Yes	☐ No	☐ N/A	75-03-08-15(1)	PROVIDER ENSURES ALL VEHICLE USED TO TRANSPORT CHILDREN ARE IN SAFE OPERATING CONDITION AND IN COMPLIANCE STATE/LOCAL LAWS
☐ Yes	☐ No	☐ N/A	75-03-08-15(2)	CHILDREN ARE PROTECTED BY ADEQUATE STAFF AND SAFETY PRECAUTIONS

VIII. TRANSPORTATION (CONT)

☐ Yes	☐ No	☐ N/A	75-03-08-15(2)(B)	CHILDREN ARE ATTENDED TO IN A VEHICLE
☐ Yes	☐ No	☐ N/A	75-03-08-15(3)	CHILDREN INSTRUCTED IN SAFE TRANSPORTATION CONDUCT, APPROPRIATE TO THEIR AGE
☐ Yes	☐ No	☐ N/A	75-03-08-15(4)	DRIVER COMPLIES WITH ALL RELEVANT STATE/LOCAL LAWS

IX. ADMISSION PROCEDURES

☐ Yes	☐ No		75-03-08-19(1)	PROVIDER REQUESTS PREADMISSION VISIT WITH CHILD/PARENT
☐ Yes	☐ No		75-03-08-19(2)	PROVIDER INFORMS PARENT OF PROGRAM, POLICIES, AND EMERGENCY PROCEDURES
☐ Yes	☐ No		75-03-08-19(2)	PROVIDER INFORMS PARENTS OF SPECIAL ACTIVITIES, PLACE/TIMES OUTSIDE THE HOME
☐ Yes	☐ No		75-03-08-19(2)	PROVIDER EXPLAINS HOW ACCIDENT/ILLNESSES WILL BE DEALT WITH
☐ Yes	☐ No		75-03-08-19(2)	PROVIDER EXPLAINS APPROPRIATE METHOD OF DISCIPLINE AND DEVELOPMENTALLY APPROPRIATE TECHNIQUES
☐ Yes	☐ No		75-03-08-19(3)	PROVIDER NOTIFIES PARENTS OF PAYMENT RATES/TIME OF PAYMENT
☐ Yes	☐ No		75-03-08-19(4)	PROVIDER PROVIDES PARENTS UNLIMITED ACCESS AND OPPORTUNITIES TO OBSERVE THEIR CHILDREN IN CARE
☐ Yes	☐ No		75-03-08-19(5)	PARENT MUST COMPLETE HEALTH ASSESSMENT STATEMENT AT TIME OF ENROLLMENT, ANNUALLY THEREAFTER

X. PROGRAM

☐ Yes	☐ No		75-03-08-20(1)	DAILY INDIVIDUAL/GROUP ACTIVITIES AGE APPROPRIATE
☐ Yes	☐ No		75-03-08-20(1)	PROGRAM ACTIVITIES MUST FOSTER SOCIAL, INTELLECTUAL, EMOTIONAL, AND PHYSICAL GROWTH, DEVELOPED WITH PARENTAL INPUT
☐ Yes	☐ No		75-03-08-20(2)	INTERVALS OF STIMULATION/RELAXATION/ACTIVE/QUIET/REST TIME
☐ Yes	☐ No		75-03-08-20(3)	ADEQUATE SUPPLY OF SAFE PLAY EQUIPMENT, TOYS, AND MATERIALS FOR INDOOR/OUTDOOR ACTIVITY SO THAT EACH CHILD MAY BE INDIVIDUALLY INVOLVED
☐ Yes	☐ No		75-03-08-20(4)	NAPPING AREAS PROVIDE OPPORTUNITY FOR UNDISTURBED REST WITH SCHEDULES SET ACCORDING TO AGE NEEDS, AND PARENT WISHES

XI. NUTRITION

☐ Yes	☐ No		75-03-08-21(1-3)	SNACKS AND/OR MEALS SERVED TO CHILDREN IN CARE
☐ Yes	☐ No	☐ N/A	75-03-08-21(4)(A)	INFANT HAS AGE APPROPRIATE NUTRITIOUS FOOD
☐ Yes	☐ No	☐ N/A	75-03-08-21(4)(B)	INFANT IS FED ONLY THE SPECIFIC BRAND OR ARTIFICIAL BABY MILK REQUESTED BY PARENT PREPARED PER BRAND SPECIFIC INSTRUCTIONS UNLESS PHYSICIAN DIRECTS
☐ Yes	☐ No	☐ N/A	75-03-08-21(4)(C)	MIXED FORMULA, UNREFRIGERATED MORE THAN 1 HOUR IS DISCARDED UNTHAWED BREAST MILK DISCARDED DAILY
☐ Yes	☐ No	☐ N/A	75-03-08-21(5)(A)	INFANTS FED APPROPRIATELY, NO BOTTLE PROPPING
☐ Yes	☐ No	☐ N/A	75-03-08-21(5)(B)	BOTTLE IS USED FOR FOOD OTHER THAN LIQUID, ONLY BY PHYSICIAN INSTRUCTION
○ Yes	○ No	○ N/A	75-03-08-21(5)(C)	INFANTS ARE ATTENDED TO BY STAFF AT ALL TIMES DURING FEEDING/EATING PROCESS

XII. HEALTH PROTECTION

☐ Yes	☐ No		75-03-08-21.1(3)	CAREGIVERS WASH AND DRY HANDS AS PER REGULATION
☐ Yes	☐ No		75-03-08-21.1(3)	HAND SOAP AND TOWELS AVAILABLE AT EACH LAVATORY, TOWELS CLEANED DAILY
☐ Yes	☐ No		75-03-08-21.1(5)	SUFFICIENT FIRST AID SUPPLIES ARE AVAILABLE FOR MINOR EMERGENCIES
☐ Yes	☐ No		75-03-08-21.1(6)	CAREGIVER HAS PLANS TO RESPOND TO ILLNESS, EMERGENCIES INCLUDING FIRE, SERIOUS INJURY, AND INGESTION OF POISON

XII. HEALTH PROTECTION (CONT)

☐ Yes	☐ No		75-03-08-21.1(8)	PROVIDER HAS A PLAN TO CARE FOR MINOR ILLNESSES IN CHILD CARE
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(9)	PROVIDER HAS SECURED AND FOLLOWED PROPER INSTRUCTION TO ADMINISTER MEDICATION
☐ Yes	☐ No		75-03-08-21.1(9)	MEDICATION PROPERLY STORED/INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-08-21.1(9)	MEDICATION STORED IN REFRIGERATOR IS STORED COLLECTIVELY IN A SPILL PROOF CONTAINER
☐ Yes	☐ No		75-03-08-21.1(9)	WRITTEN RECORD OF MEDICATION (INCLUDING OVER THE COUNTER) DATE/TIME OF EACH ADMINISTRATION DOSAGE. PROVIDER/CAREGIVER INCLUDE RECORD IN CHILD'S FILE
☐ Yes	☐ No		75-03-08-21.1(10)	CHILD WITH INFECTIOUS OR COMMUNICABLE CONDITIONS ARE EXCLUDED UNTIL CONDITION IS NO LONGER TRANSMITTED
☐ Yes	☐ No		75-03-08-21.1(12)	CHILDREN DRESSED APPROPRIATELY FOR CLIMATIC CONDITIONS
☐ Yes	☐ No		75-03-08-21.1(14)	CHILDREN'S PERSONAL ITEMS IDENTIFIED AND STORED INDIVIDUALLY
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(15)	DESIGNATED CLEANABLE DIAPERING AREA
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(15)	CLOTH DIAPERS USED ONLY WITH PERMISSION FROM DEPARTMENT OF HUMAN SERVICES
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(16)	PETS PROPERLY IMMUNIZED, HOME FREE OF NON DOMESTIC ANIMALS, KITCHEN/EATING AREA ARE FREE OF PETS DURING MEAL PREPARATION OR MEALS
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(17)	PROVIDER/CAREGIVER STRICTLY SUPERVISES USE OF WADING POOL
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(18)	SWIMMING POOL IS APPROVED BY LOCAL HEALTH UNIT
☐ Yes	☐ No		75-03-08-21.1(19)	SMOKE FREE ENVIRONMENT WHEN CHILDREN PRESENT

XIII. RECORDS

☐ Yes	☐ No		75-03-08-22(1)	COPY OF CHAPTER 75-03-08 FAMILY RULES/REGULATIONS IS ON PREMISES
☐ Yes	☐ No		75-03-08-22(2)(A)	CHILDREN'S NAME, BIRTH DATE, AND CURRENT HOME ADDRESS
☐ Yes	☐ No		75-03-08-22(2)(B)	WRITTEN STATEMENT FROM PARENT/LEGAL GUARDIAN AUTHORIZING EMERGENCY MEDICAL CARE
☐ Yes	☐ No		75-03-08-22(2)(C)	NAMES/TELEPHONE NUMBERS OF INDIVIDUALS AUTHORIZED TO TAKE CHILD
☐ Yes	☐ No		75-03-08-22(2)(D)	VERIFICATION THAT CHILD HAS RECEIVED ALL AGE APPROPRIATE IMMUNIZATIONS/UNLESS SCHOOL AGE OR/DROP IN
☐ Yes	☐ No		75-03-08-22(2)(E)	CURRENT HEALTH ASSESSMENT, OBTAINED ON ENROLLMENT, COMPLETED ANNUALLY THEREAFTER
☐ Yes	☐ No		75-03-08-22(3)(C)	RELEASE OF INFORMATION FORM AVAILABLE/SIGNED/PRIOR TO THE RELEASE OF INFORMATION

XIV. DISCIPLINE

☐ Yes	☐ No		75-03-08-23(1)	DISCIPLINE IS CONSTRUCTIVE OR EDUCATIONAL IN NATURE
☐ Yes	☐ No	☐ N/A	75-03-08-23(2)	SEPARATION WHEN USED IS BRIEF, APPROPRIATE TO CHILD'S AGE/CIRCUMSTANCE. ROOM IS SAFE, LIGHTED, WELL VENTILATED, AND WITHIN HEARING OF AN ADULT. DOOR UNLOCKED
☐ Yes	☐ No		75-03-08-23(5)	PROVIDER/CAREGIVER USES APPROPRIATE LANGUAGE WHEN ADDRESSING A CHILD
☐ Yes	☐ No		75-03-08-23(8)	APPROPRIATE DISCIPLINE. NO PHYSICAL PUNISHMENT SUCH AS PUNCHING, SPANKING, SHAKING, PINCHING, BITING, ROUGH HANDLING, STRIKING, ETC

XV. CONVICTION/ABUSE/NEGLECT

☐ Yes	☐ No		75-03-08-27(1)(A)(B)	EFFECTIVE 1-99, WRITTEN POLICY WITHIN 90 DAYS OF LICENSURE OR RELICENSURE REGARDING EMPLOYMENT OF A CONVICTED INDIVIDUAL

LIST NAMES OF ALL EMPLOYEES/VOLUNTEERS ON SITE		

FAMILY:

7 Children under age 12 - counting provider's own children - not to exceed 3 children under 24 months of age

OR

No more than 4 children 24 months and under - counting provider's own children

Before and after school children: ☐ Yes ☐ No

SUMMARY OF LICENSING STUDY			
ENCLOSURES	**YES**	**NO**	**N/A**
1. Application to be Licensed, (SFN 832)			
2. Copy of Fire Inspection Report			
3. Copy of Health/Sanitation Report			
4. Documentation for All Employees (SFN 343)			
5. Health Information Certification (SFN 836)			
6. Authorization for Background Check Form (SFN 508) for all Staff/Volunteers/Emergency Designee			
7. Copy of Written Policies/Procedures (Submission Optional for Family and Group Homes)			
8. Documentation to Verify Qualification of Staff			
9. Daily Activity Schedule			
10. Floor Plan/Fire Escape Plan			
11. Copies of 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 EXCEPT SCHOOL	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 TELEPHONE NUMBER	AUTHORIZATION TO RELEASE CHILD ON FILE	IMMUNIZATION RECORD ON FILE EXCEPT SCHOOL	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)