COMPLIANCE CHECK LIST/GROUP CHILD CARE

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1425 (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	☐ N/A		LICENSING FEE SUBMITTED WITH APPLICATION ☐ One Year Application ☐ Two Year Application
☐ Yes	☐ No	☐ N/A	75-03-09-04(2)	LICENSE DISPLAYED

II. DUTIES OF OPERATOR

☐ Yes	☐ No	☐ N/A	75-03-09-08(1)(C)	OUTLINE OF A WRITTEN PLAN/POLICIES FOR OPERATION OF EACH HOME OR FACILITY
☐ Yes	☐ No	☐ N/A	75-03-09-08(1)(D)	NOTIFIED COUNTY SOCIAL SERVICES OF MAJOR CHANGES IN OPERATION/OWNERSHIP/GOVERNING BODY.
☐ Yes	☐ No	☐ N/A	75-03-09-08(1)(D)	NOTIFIED COUNTY SOCIAL SERVICES OF ANY STAFF CHANGE OR CAREGIVER CHANGE.
☐ Yes	☐ No		75-03-09-08(1)(E)	MAINTENANCE OF ENROLLMENT, REQUIRED ATTENDACE, HEALTH, RELATED RECORDS
☐ Yes	☐ No		75-03-09-08(1)(I)	PREADMISSION VISIT FOR CHILDREN/PARENTS ARE OFFERED, FACILITY PROGRAM, FEES, OPERATING POLICIES PROCEDURES CAN BE VIEWED, DISCUSSED
☐ Yes	☐ No		75-03-09-08(1)(I)	POLICIES/PROCEDURES ON HOW TO RESPOND TO ACCIDENTS/ILLNESSES
☐ Yes	☐ No		75-03-09-08(1)(J)	EFFECTIVE 1-99, WITHIN 90 DAYS OF DATE OF INITIAL LICENSE OR RELICENSE, HAS WRITTEN AGREEMENTS WITH PARENTS FOR FEE PAYMENTS, METHOD OF PAYMENT,POLICIES OF DELINQUENT FEES.
☐ Yes	☐ No		75-03-09-08(1)(K)	PROVIDES UNLIMITED ACCESS AND OPPORTUNITIES FOR PARENTS TO OBSERVE THEIR CHILD IN CARE AND UPON REQUEST REPORTS ON THEIR CHILDREN.
☐ Yes	☐ No		75-03-09-08(1)(L)	PARENT IS PROVIDED NAME OF GROUP CARE OPERATOR, GROUP CARE SUPERVISOR, OR EMERGENCY DESIGNEE
☐ Yes	☐ No		75-03-09-08(1)(M)	EFFECTIVE 1-99, WITHIN 90 DAYS OF INITIAL LICENSURE OR RELICENSURE, DEVELOPED A WRITTEN POLICY FOR STAFF FOR REPORTING SUSPECTED CHILD ABUSE/NEGLECT
☐ Yes	☐ No		75-03-09-08(1)(N)	DEVELOPED PROCEDURES AND COMPLIANCE OF ACCOUNTABILITY WHEN A NORMALLY UNACCOMPANIED CHILD FAILS TO ARRIVE FOR PROGRAM
☐ Yes	☐ No		75-03-09-08(1)(O)	STAFF WITH CURRENT CPR CERTIFICATION/FIRST AID TRAINING ON DUTY AT ALL TIMES. SUBSTITUTE STAFF ARE EXEMPT.
☐ Yes	☐ No	☐ N/A	75-03-09-08(3)	REPORT TO COUNTY DIRECTOR OR DESIGNEE WITHIN 24 HRS. A DEATH/SERIOUS ACCIDENT/ILLNESS REQUIRING HOSPITALIZATION

III. STAFFING REQUIREMENTS

☐ Yes	☐ No		75-03-09-09(1)(2)(A-G)(6)	MEETS STAFFING REQUIREMENTS/MAXIMUM GROUP SIZE (SEE CHART/DOCUMENTATION).
☐ Yes	☐ No		75-03-09-09(3)	OPERATOR ENSURES THAT FACILITY IS SUFFICIENTLY STAFFED AT ALL TIMES TO MEET CHILD/STAFF RATIOS.
☐ Yes	☐ No	☐ N/A	75-03-09-09(4)	CHILD'S DEVELOPMENT 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	75-03-09-09(5)	FACILITY IS STAFFED TO PROVIDE ADEQUATE CARE AND SUPERVISION TO CHILDREN WITH SPECIAL CONDITIONS WITHOUT ADVERSELY AFFECTING OTHERS CARE
☐ Yes	☐ No	☐ N/A	75-03-09-09(7)	CHILD CARE HOME IS A LICENSED FACILITY FOR MCGRUFF SAFE HOUSE, BLOCKHOUSE, OR CERTIFIED SAFE HOUSE

IV. QUALIFICATIONS OF GROUP CHILD CARE SUPERVISOR

☐ Yes	☐ No		75-03-09-10(1)	AN ADULT IN GOOD MENTAL PHYSICAL HEALTH MATURE JUDGMENT; KNOWLEDGE AND EXPERIENCE IN MANAGEMENT AND EXPERIENCE IN MANAGEMENT AND INTERPERSONAL RELATIONSHIPS
☐ Yes	☐ No		75-03-09-10(2)(A)	QUALIFIED CHILD CARE SUPERVISOR'S NAME NAME _____ Letter _____
☐ Yes	☐ No		75-03-09-10(3)(A)	CERTIFIED IN CPR, EITHER AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, OR PROGRAM APPROVED BY THE DEPARTMENT Name/Expiration Date _____
☐ Yes	☐ No		75-03-09-10(3)(B)	CERTIFIED OR TRAINED IN A DEPARTMENT-PROVED FIRST AID PROGRAM
☐ Yes	☐ No		75-03-09-13(2)	HAS FURNISHED DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER. SUBSTITUTE STAFF ARE EXEMPT. Name/Expiration Date _____
☐ Yes	☐ No	☐ N/A	75-03-09-10(4)	HAS CERTIFIED ATTENDANCE AT A MIMIMUM OF 10 HOURS OF COUNTY APPROVED TRAINING, RELATED TO CHILD CARE ANNUALLY.
☐ Yes	☐ No	☐ N/A	75-03-09-10(4)	EFFECTIVE 1/1/99, INITIALLY LICENSED GROUP SUPERVISOR HAS ATTENDED DEPARTMENT-APPROVED SIX HOUR BASIC CHILD CARE TRAINING DURING FIRST YEAR OF LICENSURE (COUNTS TOWARDS 10 HOURS)
☐ Yes	☐ No	☐ N/A	75-03-09-13(1)	HAS COMPLETED SFN 836, HEALTH INFORMATION CERTIFICATION
☐ Yes	☐ No		75-03-09(27) 75-03-09-(28) NDCC 50-11.1-04	HAS COMPLETED SFN 508, AUTHORIZATION FOR BACKGROUND CHECK
☐ Yes	☐ No		75-03-09-10(5)	PHYSICALLY PRESENT AT LEAST 60% OF THE TIME IN THE HOME/FACILITY

V. DUTIES OF GROUP CHILD CARE SUPERVISOR

☐ Yes	☐ No		75-03-09-11(1)	RESPONSIBLE FOR PLANNING, SUPERVISION, AND ACTIVITY
☐ Yes	☐ No		75-03-09-11(2)	ENSURES THAT CAREGIVERS AND CHILDREN UNDER AGE 18 SHALL HAVE ADULT SUPERVISION AT ALL TIMES

VI. MINIMUM QUALIFICATION OF CAREGIVERS

☐ Yes	☐ No	☐ N/A	75-03-09-12(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	75-03-09-12(1)	HAS IMMEDIATE FAMILY MEMBER AGE 12 OR OLDER AS CAREGIVER
☐ Yes	☐ No	☐ N/A	75-03-09-12(2)	CAREGIVER(S) IS MENTALLY,PHYSICALLY,AND EMOTIONALLY ABLE TO

VI. MIMIMUM QUALIFICATION OF CAREGIVERS (CONT.)

☐ Yes	☐ No	☐ N/A	75-03-09-12(3)	CAREGIVER HAS ORIENTATION WITHIN FIRST WEEK OF CAREGIVING
☐ Yes	☐ No	☐ N/A	75-03-09-12(4)	CAREGIVER ENSURES SAFE CARE FOR CHILDREN UNDER SUPERVISION
☐ Yes	☐ No	☐ N/A	75-03-09-12(5)(A-E)	CAREGIVERS DO CERTIFY ATTENDANCE AT THE SPECIFIED AMOUNT OF MIMIMUM COUNTY APPROVED TRAINING ANNUALLY (EMERGENCY BACK-UP CARE WORKER IS EXEMPT).
☐ Yes	☐ No	☐ N/A	75-03-09-13(2)	CAREGIVER HAS FURNISHED TO PROVIDER DOCUMENTATION OF NEGATIVE MANTOUX TUBERCULOSIS TEST BEFORE 1ST DAY OF WORK, AND EVERY TWO YEARS THEREAFTER (SUBSTITUTE STAFF IS EXEMPT) Name/Expiration Date _____
☐ Yes	☐ No	☐ N/A	75-03-09-27 75-03-09-28 NDCC 50-11.1-04	CAREGIVER HAS COMPLETED SFN 508, AUTHORIZATION FOR BACKGROUND CHECK

VII. REQUIREMENTS FOR FACILITY

☐ Yes	☐ No		75-03-09-14(1)	GROUP HOME/FACILITY IS PROPERLY LIGHTED
☐ Yes	☐ No		75-03-09-14(2)(A)	WHEN USED FOR NAPPING, FLOOR IS CARPETED/PADDED/WARM, FREE FROM DRAFTS. EACH CHILD HAS INDIVIDUAL BLANKET OR SLEEPING MAT
☐ Yes	☐ No	☐ N/A	75-03-09-14(2)(B)	MINIMUM SPACE IS 2 FEET BETWEEN COTS OR CRIBS. AISLES ARE FREE OF OBSTRUCTIONS WHILE IN USE.
☐ Yes	☐ No		75-03-09-14(2)(C)	ANOTHER ROOM IS AVAILABLE FOR SUPERVISED PLAY FOR THOSE CHILDREN UNABLE TO NAP
☐ Yes	☐ No	☐ N/A	75-03-09-14(2)(D)	CHILD IN CARE BETWEEN 8:00 P.M. AND 6:00 A.M. SHALL HAVE AN INDIVIDUAL SLEEPING PLACE
☐ Yes	☐ No	☐ N/A	75-03-09-14(2)(E)	CHILD UNDER 12 MONTHS OF AGE OR UNABLE TO WALK UNASSISTED HAS SLEEPING SPACE IN A CRIB WITH FIRM MATTRESS/PLAY PEN WITH ADEQUATE PADDING
☐ Yes	☐ No	☐ N/A	75-03-09-14(2)(F)	WHEN WATER BED USED. CHILD IS 36 MONTHS OF AGE OR OLDER, BOTH DEVELOPMENTALLY AND CHRONOLOGICALLY
☐ Yes	☐ No		75-03-09-14(3)(A)	DRINKING WATER FROM APPROVED SOURCE OR FROM A SOURCE TESTED AND APPROVED BY THE STATE HEALTH DEPARTMENT
☐ Yes	☐ No		75-03-09-14(3)(B)	HOME/FACILITY HAS HOT/COLD RUNNING WATER.
☐ Yes	☐ No		75-03-09-14(3)(B)	HOT WATER IS 120 DEGREES FAHRENHEIT OR LESS (Tested Temp _____)
☐ Yes	☐ No		75-03-09-14(3)(B)	MINIMUM ONE LAVATORY AND ONE FLUSH TOILET PER 15 CHILDREN, EXCLUDING THOSE NOT TOILET TRAINED
☐ Yes	☐ No	☐ N/A	75-03-09-14(4)(B)	MINIMUM TWO TOILETS PER 16 TO 18 CHILDREN, EXCLUDING THOSE NOT TOILET TRAINED
☐ Yes	☐ No	☐ N/A	75-03-09-14(4)(C)	CHILD SIZE TOILET ADAPTERS, TRAINING CHAIRS OR POTTY CHAIRS AVAILABLE FOR USE BY CHILDREN. TRAINING CHAIRS EMPTIED PROMPTLY/CLEANED/SANITIZED AFTER EACH USE
☐ Yes	☐ No		75-03-09-14(D)(E)	SANITARY HAND DRY EQUIPMENT, INDIVIDUAL CLOTH OR PAPER TOWELS USED/SAFE STEP STOOLS AVAILABLE
☐ Yes	☐ No		75-03-09-14(5)(A)	GROUP HOME OR FACILITY ON A MUNICIPAL/PUBLIC WATER SUPPLY OR A SYSTEM APPROVED BY THE STATE HEALTH DEPARTMENT

VIII. TRANSPORTATION

☐ Yes	☐ No	☐ N/A	75-03-09-15(1)	EFFECTIVE 1/1/99, WITHIN 90 DAYS OF DATE OF INITIAL LICENSURE OR RELICENSURE HAS WRITTEN TRANSPORTATION POLICY/WHO WILL PROVIDE/HOW PARENTAL PERMISSION IS OBTAINED, INFORM PARENT OF INSURANCE COVERAGE
☐ Yes	☐ No	☐ N/A	75-03-09-15(1)	PROVIDER ENSURES ALL VEHICLE USED TO TRANSPORT CHILDREN IN SAFE OPERATING CONDITION AND IN COMPLIANCE STATE/LOCAL LAWS
☐ Yes	☐ No	☐ N/A	75-03-09-15(2)	CHILDREN ARE ADEQUATELY STAFFED, SAFETY PRECAUTION USED, AND PROVIDER HAS LIABILITY AND MEDICAL INSURANCE COVERAGE
☐ Yes	☐ No	☐ N/A	75-03-09-15(2)(A)	CHILD/STAFF RATIOS ARE MAINTAINED WHILE BEING TRANSPORTED
☐ Yes	☐ No	☐ N/A	75-03-09-15(4)	DRIVER COMPLIES WITH ALL RELEVANT STATE/LOCAL LAWS

IX. EMERGENCY EVACUATION/DISASTER PLAN

☐ Yes	☐ No	☐ N/A	75-03-09-16(1)	EFFECTIVE 1-99, WITHIN 90 DAYS OF INITIAL LICENSURE OR RELICENSURE, ESTABLISH AND POST EMERGENCY DISASTER PLAN
☐ Yes	☐ No		75-03-09-16(2)	FIRE DRILLS PERFORMED WITHIN GUIDELINES OF LOCAL FIRE DEPARTMENT

X. FIRE INSPECTIONS

☐ Yes	☐ No	☐ N/A	75-03-09-17(1)	ANNUAL FIRE INSPECTION COMPLETED, 7 OR MORE CHILDREN WHO ARE NOT FAMILY MEMBERS
☐ Yes	☐ No	☐ N/A	75-03-09-17(1)	INITIAL FIRE/SAFETY INSPECTION FOR THOSE PROVIDING CARE FOR CHILDREN IN MANUFACTURED OR MOBILE HOMES, APARTMENT BUILDINGS, BASEMENTS, AND HOMES THAT HAVE ALTERNATE HEATING DEVICES
☐ Yes	☐ No		75-03-09-17(2)	FIRE/SAFETY DOES NOT APPEAR QUESTIONABLE
☐ Yes	☐ No		75-03-09-17(3)	HOME/FACILITY IS SUFFICIENTLY EQUIPPED WITH SMOKE DETECTORS AND FIRE EXTINGUISHERS

XI. SANITATION AND SAFETY REQUIREMENTS

☐ Yes	☐ No	☐ N/A	75-03-09-18(1)	HEALTH/SANITATION/INSPECTION COMPLETED ON FILE (FACILITIES OTHER THAN PRIVATE RESIDENCE LICENSED FOR 13 - 18 CHILDREN, SERVING MEALS)
☐ Yes	☐ No		75-03-09-18(2)	BATHROOMS, TABLES, CHAIRS, FLOORS CLEANED DAILY, COTS, MATS, MAINTAINED IN CLEAN, SANITARY CONDITION
☐ Yes	☐ No		75-03-09-18(3)	ESTABLISHED ROUTINE MAINTENANCE AND CLEANING PROCEDURES
☐ Yes	☐ No		75-03-09-18(4)	CAREGIVERS WASH AND DRY HANDS AS PER REGULATIONS
☐ Yes	☐ No		75-03-09-18(4)	HAND SOAP AND TOWELS AVAILABLE AT EACH LAVATORY, TOWELS CLEANED DAILY
☐ Yes	☐ No		75-03-09-18(5)	INDOOR AND OUTDOOR EQUIPMENT, TOYS AND SUPPLIES ARE SAFE AND IN GOOD REPAIR, CLEANED, AND SANITIZED ROUTINELY
☐ Yes	☐ No		75-03-09-18(6)	HOME/FACILITY IS FREE FROM HEALTH OR SANITATION PROBLEMS
☐ Yes	☐ No		75-03-09-18(7)	GARBAGE IN AREAS NOT USED BY CHILDREN. KEPT IN TIGHT LID, NON-COMBUSTIBLE CONTAINED
☐ Yes	☐ No		75-03-09-18(8)	CONTAINED PLAY AREA IF NEAR BUSY STREET OR UNSAFE AREA
☐ Yes	☐ No		75-03-09-18(9)	POTENTIAL HAZARDS INACCESSIBLE TO CHILDREN (CHEMICALS, SHARP KNIVES)
☐ Yes	☐ No		75-03-09-18(9)	GUNS ARE KEPT IN LOCKED STORAGE, SEPARATE FROM AMMUNITION OR TRIGGER LOCK USED, SEPARATE FROM AMMUNITION
☐ Yes	☐ No		75-03-09-18(10)	INDOOR FLOORS, STEPS ARE NOT SLIPPERY, SPLINTER FREE. STEPS/WALKWAYS ARE FREE FROM ACCUMULATIONS OF WATER, ICE, SNOW, DEBRIS
☐ Yes	☐ No		75-03-09-18(11)	RAILINGS OR SAFETY GATES WHERE NECESSARY TO PREVENT FALLS

XI. SANITATION AND SAFETY REQUIREMENTS

☐ Yes	☐ No		75-03-09-18(13)	EXIT DOORWAYS AND PATHWAYS ARE USEABLE, FREE FROM BLOCKAGE
☐ Yes	☐ No		75-03-09-18(14)	LIGHT BULBS SHIELDED OR SHATTERPROOF IN AREAS USED BY CHILDREN
☐ Yes	☐ No		75-03-09-18(16)	COMFORTABLE ROOM TEMPERATURE, ADEQUATE VENTILATION, HUMIDITY
☐ Yes	☐ No		75-03-09-18(17)	SAFE LEAD CONTENT ON DAMAGE PAINTED SURFACES IN BUILDINGS ERECTED BEFORE 1/1/70
☐ Yes	☐ No		75-03-09-18(18)	STORAGE OF PERSONAL ITEMS IN SANITARY MANNER (BLANKETS, COVERINGS, COMBS, PILLOWS, TOOTHBRUSH, ETC.)
☐ Yes	☐ No	☐ N/A	75-03-09-18(19)	PETS PROPERLY IMMUNIZED, HOME FREE OF NONDOMESTIC ANIMALS KITCHEN/EATING AREA ARE FREE OF PETS DURING MEAL PREPARATION OR MEALS RESTRICTED AND MAINTAINED
☐ Yes	☐ No	☐ N/A	75-03-09-18(20)	WADING POOL STRICTLY SUPERVISED/EMPTIED CLEANED DAILY
☐ Yes	☐ No	☐ N/A	75-03-09-18(21)	SWIMMING POOL APPROVED BY LOCAL HEALTH DEPARTMENT
☐ Yes	☐ No		75-03-09-18(22)	SMOKE FREE ENVIRONMENT WHEN CHILDREN PRESENT

XII. SPACE

☐ Yes	☐ No		75-03-09-19(2)	PROVIDES 35 SQUARE FEET PER CHILD OF INDOOR SPACE
☐ Yes	☐ No		75-03-09-19(2)	PROVIDES DAILY ACCESS OF 75 SQUARE FEET PER CHILD OF OUTDOOR SPACE

XIII. PROGRAM

☐ Yes	☐ No		75-03-09-20(1)	PROVIDES PROGRAM OF DAILY INDIVIDUAL OR SMALL GROUP ACTIVITIES APPROPRIATE TO AGE AND NEEDS OF CHILDREN. PROGRAM MUST INCLUDE ACTIVITIES THAT FOSTER SOCIAL, INTELLECTUAL, EMOTIONAL, AND PHYSICAL GROWTH. DEVELOPED WITH CONSIDERATION OF PARENT INPUT
☐ Yes	☐ No		75-03-09-20(2)	DAILY ROUTINE FOSTERS DEVELOPMENT OF GOOD HEALTH HABITS, SELF DISCIPLINE, ADEQUATE INDOOR/OUTDOOR PLAY, REST/SLEEP WITH TIME AND OPPORTUNITY FOR VARIOUS EXPERIENCES
☐ Yes	☐ No		75-03-09-20(3)	PROGRAM PROVIDES A VARIETY OF EDUCTION EXPERIENCES WITH SUFFICIENT PLAY MATERIALS, EQUIPMENT, TOYS FOR EACH CHILD
☐ Yes	☐ No		75-03-09-20(4)	ADEQUATE NAPPING ARRANGEMENTS. SCHEDULE SET ACCORDING TO NEEDS AGES OF CHILD/PARENT WISHES
☐ Yes	☐ No		75-03-09-20(5)	PROGRAM FLEXIBLE AND DEVELOPED WITH CONSULTATION OF PARENTS
☐ Yes	☐ No		75-03-09-20(6)	CONCERNS ABOUT CHILD COMMUNICATED PROMPTLY AND DIRECTLY TO PARENT
☐ Yes	☐ No		75-03-09-20(7)	PERSONAL HYGIENE PRACTICES APPROPRIATE FOR CHILD'S AGE AND DEVELOPMENT APPROPRIATE
☐ Yes	☐ No		75-03-09-20(8)	CULTURAL DIVERSE PROGRAM

XIV. FOOD & NUTRITION

☐ Yes	☐ No	☐ N/A	75-03-09-21(1)	FOOD SUPPLIED MEETS USDA STANDARDS. PROPERLY PREPARED, SUFFICIENT IN AMOUNT, VARIED DIETS ACCORDING TO CHILDREN ENROLLED, AND SERVED AT APPROPRIATE HOURS
☐ Yes	☐ No	☐ N/A	75-03-09-21(3)(A-C)	SNACKS AND/OR MEALS SERVED TO CHILDREN IN CARE
☐ Yes	☐ No	☐ N/A	75-03-09-21(5)	MENU PLANNING AND FEEDING SCHEDULES INCLUDE INFORMATION FROM PARENTS TO TAILOR A CHILD'S NEEDS
☐ Yes	☐ No		75-03-09-21(7)	CHILDREN ARE ENCOURAGED TO EAT, NO COERCION OR FORCE FEEDING
☐ Yes	☐ No		75-03-09-21(4)	WEEKLY MENUS PREPARED AND AVAILABLE TO PARENT, DEPARTMENT, OR OTHER APPROPRIATE INDIVIDUALS

XV. RECORDS

☐ Yes	☐ No		75-03-09-22(1)(A)	CHILDREN'S NAME, BIRTH DATE, AND CURRENT HOME ADDRESS
☐ Yes	☐ No		75-03-09-22(1)(B)	NAMES OF CHILD'S PARENT OR LEGAL GUARDIAN

XV. RECORDS (CONT)

☐ Yes	☐ No		75-03-09-22(1)(C)	TELEPHONE NUMBERS WHO MAY ASSUME RESPONSIBILITIES
☐ Yes	☐ No		75-03-09-22(1)(D)	WRITTEN EMERGENCY CARE AUTHORIZATION
☐ Yes	☐ No		75-03-09-22(1)(E)	NAMES AND TELEPHONE NUMBERS OF PERSONS AUTHORIZED TO TAKE CHILD
☐ Yes	☐ No		75-03-09-22(1)(F)	IMMUNIZATION RECORD, UNLESS DROP-IN CHILD OR SCHOOL AGE
☐ Yes	☐ No		75-03-09-22(1)(G)	CURRENT HEALTH ASSESSMENTS, COMPLETED ANNUALLY
☐ Yes	☐ No		75-03-09-22(2)(C)	RELEASE OF INFORMATION FORM AVAILABLE/SIGNED/PRIOR TO THE RELEASE OF INFORMATION

XVI. DISCIPLINE

☐ Yes	☐ No		75-03-09-23(1)	EFFECTIVE 1/1/99, WITHIN 90 DAYS OF DATE OF INITIAL LICENSURE OR RELICENSURE HAS A WRITTEN POLICY REGARDING DISCIPLINE AND INTERPETED TO STAFF BEFORE WORKING WITH CHILDREN
☐ Yes	☐ No		75-03-09-23(2)	DISCIPLINE IS CONSTRUCTIVE OR EDUCATIONAL IN NATURE
☐ Yes	☐ No	☐ N/A	75-03-09-23(4)	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		75-03-09-23(6)	PROVIDER/CAREGIVER USES APPROPRIATE LANGUAGE WHEN ADDRESSING A CHILD. APPROPRIATE DISCIPLINE. NO PHYSICAL PUNISHMENT SUCH AS PUNCHING, SPANKING, SHAKING, PINCHING, BITING, ROUGH HANDLING, STRIKING, ETC.

XVII. SPECIALIZED TYPES OF CARE

☐ Yes	☐ No	☐ N/A	75-03-09-24(1)(A-K)	ENVIRONMENT PROTECTS CHILDREN 0-24 MONTHS FROM PHYSICAL HARM WITHOUT RESTRICTING PHYSICAL, INTELLECTUAL, EMOTIONAL, AND SOCIAL DEVELOPMENT
☐ Yes	☐ No	☐ N/A	75-03-09-24(1)(C)	INDIVIDUAL SLEEPING AREA WITH SHEETS CHANGED WHENEVER SOILED OR USE PROTECTIVE COVERS LAUNDERED AT LEAST WEEKLY
☐ Yes	☐ No	☐ N/A	75-03-09-24(1)(D)(E)	INFANT IS TAKEN OUTSIDE OR TO OTHER AREAS OF HOME HAS PERIODIC INDIVIDUAL PERSONAL CONTACT/ATTENTION FROM AN ADULT
☐ Yes	☐ No	☐ N/A	75-03-09-24(F)	SAFE APPROPRIATE EQUIPMENT, HIGH CHAIRS, TABLES, INFANT SEATS
☐ Yes	☐ No	☐ N/A	75-03-09-24(H)	ALL INFANT CRIES ARE INVESTIGATED
☐ Yes	☐ No	☐ N/A	75-03-09-24(J)	INFANT HAS AGE APPROPRIATE NUTRITIOUS FOOD
☐ Yes	☐ No	☐ N/A	75-03-09-24(K)	INFANT IS FED ONLY THE SPECIFIC BRAND OF ARTIFICIAL BABY MILK REQUESTED BY PARENT PREPARED PER BRAND SPECIFIC INSTRUCTIONS UNLESS PHYSICIAN DIRECTS
☐ Yes	☐ No	☐ N/A	75-03-09-24(L)	MIXED FORMULA, UNREFRIGERATED MORE THAN 1 HOUR IS DISCARDED. UNTHAWED BREAST MILK DISCARDED DAILY
☐ Yes	☐ No	☐ N/A	75-03-09-24(N)	INFANTS FED APPROPRIATELY, NO BOTTLE PROPPING
☐ Yes	☐ No	☐ N/A	75-03-09-24(O)	ONLY BY PHYSICIAN INSTRUCTION IS BOTTLE USED FOR FOOD OTHER THAN LIQUID
☐ Yes	☐ No	☐ N/A	75-03-09-24(P)	INFANTS ARE ATTENDED TO BY STAFF DURING FEEDING/EATING PROCESS
☐ Yes	☐ No	☐ N/A	75-03-09-24(Q)	DESIGNATED CLEANABLE DIAPERING AREA
☐ Yes	☐ No	☐ N/A	75-03-09-24(R)	SOILED/WET DISPOSABLE DIAPERS ARE STORED IN A SANITARY AIRTIGHT CONTAINER
☐ Yes	☐ No	☐ N/A	75-03-09-24(2)(A-G)	ADEQUATE NIGHT CARE ARRANGEMENTS
☐ Yes	☐ No	☐ N/A	75-03-09-24(3)(A)	SUFFICIENTLY STAFFED TO HANDLE ADMISSION RECORDS AND EXPLAIN POLICIES/PROCEDURES FOR DROP-IN CHILD CARE
☐ Yes	☐ No	☐ N/A	75-03-09-25(1-3)	ADEQUATE ARRANGEMENT FOR CHILDREN WITH SPECIAL NEEDS AND DOCUMENTATION AS HOW NEEDS WILL BE MET

XVIII. EMERGENCY CARE

☐ Yes	☐ No	☐ N/A	75-03-09-26	EFFECTIVE 1-99 WRITTEN POLICY WITHIN 90 DAYS OF LICENSURE OF RELICENSURE REGARDING PLANS TO RESPOND TO ILLNESS, EMERGENCIES, INCLUDING BURNS, SERIOUS INJURY, INGESTION OF POISON PLUS #1 - 10. PARENTS ARE ADVISED OF PLANS.
☐ Yes	☐ No		75-03-09-26(1)(2)	ESTABLISHMENT AND ACCESSIBLE POSTING OF EMERGENCY RESPONSE PROCEDURES
☐ Yes	☐ No		75-03-09-26(3)	AVAILABILITY OF AT LEAST ONE WORKING FLASHLIGHT
☐ Yes	☐ No		75-03-09-26(4)	APPROVED FIRST AID KIT MAINTAINED KEPT IN DESIGNATED LOCATION, ACCESSIBLE TO STAFF, AND INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-09-26(5)	WORKING TELEPHONE, IMMEDIATELY ACCESSIBLE TO CAREGIVERS, WITH EMERGENCY NUMBERS ACCESSIBLY POSTED ADJACENT TO PHONE
☐ Yes	☐ No		75-03-09-26(6)	RESPONDS TO MINOR ILLNESS MEDICAL CONSULTATION REGARDING SPECIAL CARE AND MEDICATION
☐ Yes	☐ No		75-03-09-26(7)(A)	PROVIDER HAS SECURED AND FOLLOWED PROPER WRITTEN INSTRUCTION FROM A PHYSICIAN TO ADMINISTER PRESCRIBED MEDICATION
☐ Yes	☐ No		75-03-09-26(7)(B)	MEDICATION PROPERLY STORED/INACCESSIBLE TO CHILDREN
☐ Yes	☐ No		75-03-09-26(7)(B)	MEDICATION STORED IN REFRIGERATOR IS STORED COLLECTIVELY IN A SPILL PROOF CONTAINER
☐ Yes	☐ No		75-03-09-26(7)(C)	WRITTEN RECORD OF MEDICATION (INCLUDING OVER THE COUNTER) DATE/TIME OF EACH ADMINISTRATION DOSAGE. PROVIDER/CAREGIVER INCLUDE RECORD IN CHILD'S FILE
☐ Yes	☐ No		75-03-09-26(8)(A)(B)	HAS DESIGNATED SUPERVISED TEMPORARY ISOLATION AREA PARENTS IMMEDIATELY NOTIFIED FIRST AID, MEDICAL ATTENTION, AS APPROPRIATE
☐ Yes	☐ No		75-03-09-26(10)	CHILD WITH INFECTIOUS OR COMMUNICABLE CONDITIONS ARE EXCLUDED UNTIL CONDITION IS NO LONGER TRANSMITTED

XIX. CONVICTION/ABUSE/NEGLECT

☐ Yes	☐ No	75-03-09-27(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

GROUP: Same Age Children Only

Age of Children	Maximum No. of Children Per Caregiver
0-24 mos	4
2 yrs	5
3 yrs	7
4 yrs	10
5 yrs	12
6 yrs - 12 yrs	18

Calculation of Child/Staff Ratio "Mixed Age Group" for Group

Age of Children		Staff	
0 - 2 yrs old	_____	X .25 =	_____
2 yrs old	_____	X .20 =	_____
3 yrs old	_____	X .14 =	_____
4 yrs old	_____	X .10 =	_____
5 yrs old	_____	X .08 =	_____
6 -12 yrs old	_____	X .05 =	_____
TOTAL	_____		_____

Staff Chart for Mixed Age Group	Staff
Up to 1.34	1
1.35 - 2.34	2
2.35 - 3.34	3

Total Staff Present

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 Records for All Employees (SFN 343)			
5. Health Information Certification (SFN 836)			
6. Background Check Form (SFN 508) for all Staff/Volunteers			
7. Copy of Policies/Procedures			
8. Documentation to Verify Qualification of Staff			
9. Programming Schedule			
10. Floor Plan			
11. Copies of Pet Immunization Records			

Provider:		
Date:		
License Number:	New License:	Date:
Number of Children:	Renewal:	Date:

TIME OF THE DAY (6 a.m. - 6 - p.m.)

AGE CATEGORY CHILD RATIO MAXIMUM GROUP SIZE	MAXIMUM NUMBER OF CHILDREN SCHEDULED PER DAY	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 Noon	1 p.m.	2 p.m.	3 p.m.	4 p.m.	5 p.m.	6 p.m.
Birth to 2 Years Cannot Exceed Ratio 1:4 Maximum group size - 8 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
2 Year Olds Cannot Exceed Ratio 1:5 Maximum group size - 10 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
3 Year Olds Cannot Exceed Ratio 1:7 Maximum group size - 14 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
4 Year Olds Cannot Exceed Ratio 1:10 Maximum group size - 20 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
5 Year Olds Cannot Exceed Ratio 1:12 Maximum group size - 24 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
6 - 12 Years Cannot Exceed Ratio 1:18 Maximum group size -36 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
Special Needs Children	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
	TOTAL													

Provider:		
Date:		
License Number:	New License:	Date:
Number of Children:	Renewal:	Date:

TIME OF THE DAY (6 p.m. - 6 - a.m.)

AGE CATEGORY CHILD RATIO MAXIMUM GROUP SIZE	MAXIMUM NUMBER OF CHILDREN SCHEDULED PER DAY	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.	12 Midnight	1 a.m.	2 a.m.	3 a.m.	4 a.m.	5 a.m.	6 a.m.
Birth to 2 Years Cannot Exceed Ratio 1:4 Maximum group size - 8 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
2 Year Olds Cannot Exceed Ratio 1:5 Maximum group size - 10 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
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3 Year Olds Cannot Exceed Ratio 1:7 Maximum group size - 14 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
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	Number of Staff Present:													
	Required Caregivers:													
5 Year Olds Cannot Exceed Ratio 1:12 Maximum group size - 24 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
6 - 12 Years Cannot Exceed Ratio 1:18 Maximum group size -36 2 - Staff	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
Special Needs Children	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
	TOTAL													

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)