COMPLIANCE CHECK LIST/FAMILY CHILD CARE HOMES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1422 (Rev. 6-2018)

Clear Fields

		Date Orientation Completed with Authorized Agent (For new licenses only):	
Full Legal Name of Program:		Provider License Number:	License Expiration Date:
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

Licensing Fee Submitted with Application

☐ One Year Application

☐ Two Year Application

☐ Yes ☐ No ☐ N/A		
☐ Yes ☐ No	75-03-08-04(2)	License displayed
☐ Yes ☐ No ☐ N/A		License denied/revoked in the last 12 months

II. DUTIES OF PROVIDER

☐ Yes ☐ No	75-03-08.08.1(2)	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(3)	Provides an environment which is free from harm and danger to a child's physical and emotional health.
☐ Yes ☐ No ☐ N/A	75-03-08-08.1(4)(a-e)	Report to county director or designee within 24 hours. A death/serious accident/illness requiring medical treatment or other situation specified in this section.
☐ Yes ☐ No	75-03-08-08.1(5)	Provider is present at least 60% of the time.
☐ Yes ☐ No	75-03-08-08.1(6)	Report suspected child abuse/neglect as required per NDCC 50-25.1.
☐ Yes ☐ No	75-03-08-08.1(9)	Provider is of good physical, cognitive, social, and emotional health and uses mature judgment.
☐ Yes ☐ No	75-03-08-08.1(10)	Provider ensures safe care for children under supervision.
☐ Yes ☐ No	75-03-08-08.1(11)	Ensure that each child is released only to the child's parent, legal custodian or guardian or an individual who has been authorized by the child's parent, legal custodian or guardian.

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 ☐ N/A	NDCC 50-11.1-02(8)	Provides care for no more than a total of 4 children (with the exception of 2 school age children) if all are under age 24 months or provides care for no more than 9 children of which 2 must be at least 5 years, and no more than 3 children may be under the age of 24 months.
☐ Yes ☐ No ☐ N/A	75-03-08-09(2)	Child's developmental age used in determining number of children that can be in care at any given time when child has special needs.
☐ Yes ☐ No ☐ N/A	75-03-08-09(3)	Child care home is a licensed facility for McGruff safe house, blockhouse or certified safe house.

IV. MINIMUM QUALIFICATIONS OF PROVIDER

☐ Yes ☐ No		75-03-08-10(1)	Provider is at least 18 years of age.
☐ Yes ☐ No		75-03-08-10(2)	Completed basic child care course during first three months of licensure.
☐ Yes ☐ No		75-03-08-10(3)	Completes 9 hours of department-approved training annually. At least three years has passed since the last completion date of that training course.
☐ Yes ☐ No		75-03-08-10(4)	Certified annual completion of 1 hour of sudden infant death prevention if care is provided to infants.
☐ 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 STAFF MEMBERS

☐ Yes ☐ No	☐ N/A	75-03-08-12(1)	Any staff member 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)	Staff member is of good physical, cognitive, social and emotional health and uses mature judgment.
☐ Yes ☐ No	☐ N/A	75-03-08-12(3)	Completed basic child care course during the first three months of employment.
☐ Yes ☐ No	☐ N/A	75-03-08-12(6)	Certified annual completion of 1 hour of sudden infant death prevention if care provided to infants.
☐ Yes ☐ No	☐ N/A	75-03-08-12(7)	Staff member has received orientation first week of employment.
☐ Yes ☐ No	☐ N/A	75-03-08-12.1	Volunteers providing care meet qualifications of staff member and receive orientation.
☐ Yes ☐ No	☐ N/A	75-03-08(27) 75-03-08(28) NDCC 50-11.1-04	Staff member has completed SFN 508, Authorization for Background Checks.
☐ Yes ☐ No	☐ N/A	75-03-08(12) 75-03-08(4) 75-03-08 (5)	Any staff member certify completion of CPR/FA/AED.

VI. SPACE

☐ Yes ☐ No		75-03-08-14(1)	Provides minimum of 35 square feet per child of indoor space. Square footage allows for _____ (number) of children.
☐ Yes ☐ No		75-03-08-14(1)	Provides minimum of 75 square feet per child of outdoor space or provides 75 square feet per child of indoor recreation 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.
☐ 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(8)	Contained play area if near busy street or unsafe area.
☐ Yes ☐ No		75-03-08-14(9)	Potential hazards inaccessible to children (chemicals,electrical outlets, 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.

VII. PHYSICAL FACILITIES (CONT)

☐ 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, emergency numbers of parents and first responders are accessible.
☐ 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 and annual fire/safety inspection.
☐ 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.

VIII. TRANSPORTATION

☐ Yes	☐ No		75-03-08-15(1)	Provider has written transportation policy, if transportation is provided 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 vehicles 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.
☐ 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 federal, state/local laws, including child restraint laws.

IX. EMERGENCY EVACUATION/DISASTER PLAN

☐ Yes	☐ No	75-03-08-16(1)	Establish and post emergency disaster plan.
☐ Yes	☐ No	75-03-08-16(1) (a-c)	Has emergency procedures including emergency food, water, first aid supplies and plans for what will be done if parents are unable to pick up their child or child care has to be relocated as a result of emergency.
☐ Yes	☐ No	75-03-08-16(2)	Fire and emergency drills performed monthly.

X. ADMISSION PROCEDURES

☐ Yes	☐ No	75-03-08-19(1)	Provider requests preadmission visit with child/parent.
☐ Yes	☐ No	75-03-08-19(2)(a-g)	Provider informs parents about the child care program, places and times of special activities outside the family child care, policies, and emergency procedures, and shall discuss information concerning the child to identify and accommodate the child's needs.
☐ 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)	Provider verifies identity of each child and documents verification.

XI. 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(1)	Written daily routine is made available to parents.
☐ 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 involved individually or as a group.
☐ Yes	☐ No	75-03-08-20(4)	Napping areas provide opportunity for undisturbed rest with schedules set according to age and needs.

XII. FOOD & NUTRITION

☐ Yes	☐ No	☐ N/A	75-03-08-21(1)	Food supplied meets USDA standards. Properly prepared, sufficient in amount, nutritious varied diets according to children enrolled, and served at appropriate hours in a safe and sanitary manner.
☐ Yes	☐ No	☐ N/A	75-03-08-21(3)	Children in care for more than 3 hours shall receive a snack or meal.
☐ Yes	☐ No	☐ N/A	75-03-08-21(5)	Children in care after school served snacks.
☐ Yes	☐ No	☐ N/A	75-03-08-21(6)	Menu planning and feeding schedules include information from parents to tailor a child's needs.
☐ Yes	☐ No		75-03-08-21(8)	Children are encouraged to eat, no coercion or force feeding.
☐ Yes	☐ No		75-03-08-21(9)	Daily or weekly menus are posted.

XII. SANITATION AND SAFETY REQUIREMENTS

☐ Yes	☐ No		75-03-08-21.1(2)	Caregivers wash and dry hands as recommended by federal centers of disease control.
☐ Yes	☐ No		75-03-08-21.1(2)	Hand soap, sanitary hand-drying equipment, individual cloth towels or paper towels available at each sink.
☐ Yes	☐ No		75-03-08-21.1(4)	Approved first aid kit readily accessible to staff.
☐ Yes	☐ No		75-03-08-21.1(5)	Caregiver has plans to respond to illness, emergencies including fire, serious injury, and ingestion of poison.
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(6)	Provider has secured and followed proper instruction to administer medication.
☐ Yes	☐ No		75-03-08-21.1(6)	Medication properly stored/inaccessible to children.
☐ Yes	☐ No		75-03-08-21.1(6)	Medication stored in refrigerator is stored collectively in a spill proof container.
☐ Yes	☐ No		75-03-08-21.1(6)	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(7)	Child with infectious or communicable conditions are excluded until condition is no longer transmitted.
☐ Yes	☐ No		75-03-08-21.1(8)	Children are released only to parent or individual authorized by parent.
☐ Yes	☐ No		75-03-08-21.1(9)	Children dressed appropriately for climatic conditions.
☐ Yes	☐ No		75-03-08-21.1(10)	Children are directly supervised when bathing or using a pool.
☐ Yes	☐ No		75-03-08-21.1(11)	Children are properly supervised when playing outdoors.
☐ Yes	☐ No		75-03-08-21.1(12)	Children's personal items identified and stored individually.
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(13)	Only cats, dogs, or other approved contained pets are accessible to children. Pets properly immunized, kitchen/eating area are free of pets.

XII. SANITATION AND SAFETY REQUIREMENTS (CONT)

Pet Immunizations

Name	Expiration Date:
Name	Expiration Date:
Name	Expiration Date:
Name	Expiration Date:

☐ Yes	☐ No	☐ N/A	75-03-08-21.1(14)	Wading pool strictly supervised/emptied, cleaned, and sanitized daily.
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(15)	Swimming pool approved annually by local health department.
☐ Yes	☐ No		75-03-08-21.1(16)(a)	Written policy on aquatic activity.
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(16)(b)	Written parental permission with disclosure of child's swimming ability.
☐ Yes	☐ No	☐ N/A	75-03-08-21.1(17)	Garbage containers are covered or inaccessible to children.
☐ Yes	☐ No		50-11.1-02.2	Smoke-free environment, signage is present.

XIV. RECORDS

☐ Yes	☐ No	75-03-08-22(1)	Provider shall keep copy of administrative code on premises of all times.
☐ 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.
☐ Yes	☐ No	75-03-08-22(3)(a-c)	Ensure all records, photos, and information with respect to children receiving child care services are kept confidential, access limited to staff members, parents, authorized agents, etc.

XV. DISCIPLINE

☐ Yes	☐ No	75-03-08-23(1-10)	Discipline is constructive or educational in nature, and items 1-10 are reviewed together by provider and licenser.

XVI. SPECIALIZED TYPES OF CARE

☐ Yes	☐ No	☐ N/A	75-03-08-24(1)(a) (1-8)	Environment protects children 0-12 months from physical harm without restricting physical, intellectual, emotional, and social development. Environment and interactions requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-08-24(1)(b) (1-7)	Feeding requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-08-24(1)(c) (1-4)	Diapering requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-08-24(1)(d) (1-9)	Sleeping requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-08-24(2)(a-g)	Adequate night care arrangements.
☐ Yes	☐ No	☐ N/A	75-03-08-24(3)(a-e)	Sufficiently staffed to handle admission records and explain policies/ procedures for drop-in child care.

XVII. CARE FOR CHILDREN WITH SPECIAL NEEDS

☐ Yes ☐ No ☐ N/A 75-03-08-25 Appropriate accommodations, including written care plans available for children with special needs. Staff trained and follow care plans.

XVIII. CONVICTION/ABUSE/NEGLECT

☐ Yes ☐ No 75-03-08-27(1)(4) Written policies on employment.

☐ Yes ☐ No 75-03-08-27 Fingerprint-based background check completed initially and every 5 years.

LIST NAMES OF ALL EMPLOYEES/VOLUNTEERS ON SITE

FAMILY:

9 Children under age 12 - counting provider's own children - not to exceed 3 children under 24 months of age, and 2 of the 9 children are school-aged

OR

No more than 4 children 24 months and under - counting provider's own children, with the exception that there may be 2 additional school-age children

SUMMARY OF LICENSING STUDY

ENCLOSURES	YES	NO	N/A	COMMENT
1. Application to be Licensed, (SFN 832)				
2. Copy of Fire Inspection Report				
3. Copy of Health/Sanitation Report				
4. Copies of training, transcripts, certificates or (SFN 343) for all employees				
5. Authorization for Background Check Form (SFN 508) for all Staff/Volunteers/Emergency Designee/Household Members				
6. Copy of Written Policies/Procedures				
7. Documentation to Verify Qualifications of Staff				
8. Programming Schedule				
9. Floor Plan with Square Footage/Fire Escape Plan * Initial application or modification only *				
10. Pet Immunization Record				
11. Map of Outdoor Area with Square Footage				

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	CHILD'S DATE OF BIRTH	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER	CHILD INFORMATION SHEET	IMMUNIZATION RECORD ON FILE (N/A if school age or drop-in)	PARENT STATEMENT ON HEALTH OF CHILD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Authorized Agent/Licenser Signature	Date

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	CHILD'S DATE OF BIRTH	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER	CHILD INFORMATION SHEET	IMMUNIZATION RECORD ON FILE (N/A if school age or drop-in)	PARENT STATEMENT ON HEALTH OF CHILD
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Authorized Agent/Licenser Signature	Date

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 ☐ Fiscal Sanction Fees Collected ☐ Renewal
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 Received:	Age Range of Children: From: to: / Recommended License Effective Date: From: through:
Time/Date Completed Application Sent to Regional Representative:	

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: From: to:
Child Abuse/Neglect Index	Sexual Offender List	**Restricted** License: ☐ Yes ☐ No If Yes Explain:	License Effective Date: From: Through:
Date Added to PQWS:			
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: From: to:
If Provisional License Request Denied - Explain:			
Denial Request Approved or Denied - Explain:			

COUNTY LICENSURER USE ONLY (Additional Information)

REGIONAL OFFICE USE ONLY (Additional Information)