COMPLIANCE CHECK LIST/GROUP CHILD CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS

SFN 1425 (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

☐ Yes ☐ No ☐ N/A		Licensing Fee Submitted With Application: ☐ One Year Application ☐ Two Year Application
☐ Yes ☐ No	75-03-09-04(2)	License displayed
☐ Yes ☐ No		License denied/revoked in the last 12 months.

II. DUTIES OF OPERATOR

☐ Yes ☐ No ☐ N/A	75-03-09-08(1)(d)	Written plan/policies for operation of each home or facility.
☐ Yes ☐ No ☐ N/A	75-03-09-08(1)(e)	Notified authorized agent of major changes in operation/ownership/ governing body, including staff member changes.
☐ Yes ☐ No	75-03-09-08(1)(f)	Maintenance of enrollment, attendance, health, other records.
☐ Yes ☐ No	75-08-09-08(1)(h)	Maintain necessary information to verify staff member's qualifications and to ensure safe care.
☐ Yes ☐ No	75-03-09-08(1)(i)	Ensure group child care is sufficiently staffed at all times to meet the child and staff ratios for children in attendance and that no more children than the licensed capacity are served at any one time.
☐ Yes ☐ No	75-03-09-08(1)(j)	Preadmission visits are provided to parents to discuss and view facility, program, and policies.
☐ Yes ☐ No	75-03-09-08(1)(k)	Written agreements regarding fees and payment are in place.
☐ Yes ☐ No	75-03-09-08(1)(l)	Provides unlimited access and opportunities for parents to observe their child in care and upon parental request provides reports on their children.
☐ Yes ☐ No	75-03-09-08(1)(m)	Parent is provided name of group care operator, group care supervisor, staff members, and emergency designee.
☐ Yes ☐ No	75-03-09-08(1)(n)	Report as mandatory reporter any suspected child abuse or neglect as required by North Dakota Century Code section 50-25.1-03..
☐ Yes ☐ No	75-03-09-08(1)(p)	Written parental permission for unsupervised departure.
☐ Yes ☐ No	75-03-09-08(1)(q)	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 chid's parent, legal custodian or guardian.
☐ Yes ☐ No ☐ N/A	75-03-09-08(3) (a-e)	Report to authorized agent within 24 hrs: A death/serious accident/illness requiring medical treatment or other situation specified in this section.

III. STAFFING REQUIREMENTS

☐ Yes ☐ No	75-03-09-09(1)(2)(a-g)(6)	Meets staffing requirements (see chart/ documentation).
☐ Yes ☐ No ☐ N/A	75-03-09-09(4)	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	75-03-09-09(7)	Child care home is a McGruff safe house, blockhouse, or certified safe house.

IV. QUALIFICATIONS OF GROUP CHILD CARE SUPERVISOR

☐ Yes	☐ No		75-03-09-10(2)(a-g)	Qualified Child Care Supervisor's Name: / Letter:
☐ Yes	☐ No		75-03-09-10(3)(a)	Current CPR certification.
☐ Yes	☐ No		75-03-09-10(3)(b)	Current First Aid certification.
☐ Yes	☐ No	☐ N/A	75-03-09-10(4)	Has certified attendance at a minimum of 10 hours of department approved training, related to child care annually. At least three years has passed since the last completion date of that training course.
☐ Yes	☐ No	☐ N/A	75-03-09-10(4)	Licensed group supervisor has attended department-approved basic child care training during first 3 months of employment and completed annually 1 hour of sudden infant death prevention if care is provided to infants.
☐ Yes	☐ No		75-03-09(27) 75-03-09-(28) NDCC 50-11.1-06.2	Has completed SFN 508, Authorization for Background Check
☐ Yes	☐ No		75-03-09-10(5)	Supervisor 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)	Plan, supervise, and conduct daily activities.
☐ Yes	☐ No		75-03-09-11(2)	Ensures that caregivers and children under age 18 shall have adult supervision at all times.
☐ Yes	☐ No		75-03-09-11(3)	Develop and deliver orientation for new staff members, keep record of items covered.
☐ Yes	☐ No		75-03-09-11(4)	Instruction of each employee on process of reporting a complaint, suspicion of licensing violation, suspected child abuse or neglect incident.

VI. MINIMUM QUALIFICATIONS OF STAFF MEMBERS

☐ Yes	☐ No	☐ N/A	75-03-09-12(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	75-03-09-12(1)	Has immediate family member age 12 or older as staff member.
☐ Yes	☐ No	☐ N/A	75-03-09-12(4)	Staff member ensures safe care for children under supervision.
☐ Yes	☐ No	☐ N/A	75-03-09-12(5)	Certify completion of Department approved basic child care course within first 3 months.
☐ Yes	☐ No	☐ N/A	75-03-09-12(6) (a-e)	Caregivers do certify attendance at the specified amount of minimum department- approved training annually, substitute staff and emergency designees are exempt.
☐ Yes	☐ No	☐ N/A	75-03-09-12(7)	Certified annual completion of 1 hour of sudden infant death prevention prior to unsupervised care of infants.
☐ Yes	☐ No	☐ N/A	75-03-09-12.1	Volunteers providing care shall meet qualifications of staff member and receive orientation.
☐ Yes	☐ No	☐ N/A	75-03-09-27 75-03-09-28 NDCC 50-11.1-04	Staff member has completed SFN 508, Authorization for Background Check.
☐ Yes	☐ No	☐ N/A	75-03-09-12.9	Currently certified in CPR/AED/FA training.
☐ Yes	☐ No	☐ N/A	75-03-09-12.10	Currently certified in a department approved FA program.

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 aisle 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	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(4)(b)	Minimum one sink and one flush toilet per 15 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 available at each sink/safe step stools available.

VIII. TRANSPORTATION

☐ Yes	☐ No ☐ N/A	75-03-09-15(1)	Prior to licensure or relicensure has written transportation policy/who will provide/how parental permission is obtained, inform parent of insurance coverage, if transportation is provided.
☐ Yes	☐ No ☐ N/A	75-03-09-15(1)	Provider ensures all vehicles used to transport children are in safe operating condition.
☐ Yes	☐ No ☐ N/A	75-03-09-15(2)	Staffing requirements are met, safety precaution used, and provider has liability and medical insurance coverage.
☐ Yes	☐ No ☐ N/A	75-03-09-15(4)	Driver complies with all relevant state/local laws, including child restraint system laws.

IX. EMERGENCY EVACUATION/DISASTER PLAN

☐ Yes	☐ No	75-03-09-16(1)	Establish and post emergency disaster plan.
☐ Yes	☐ No	75-03-09-16(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	75-03-09-16(2)	Fire and emergency drills performed within guidelines of local fire department.

X. FIRE INSPECTIONS

☐ Yes	☐ No ☐ N/A	75-03-09-17(1)	Annual fire inspection completed, with all necessary corrections made.

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, serving meals) and all violations corrected.
☐ 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)	Staff members wash and dry hands as recommended by federal centers of disease control
☐ Yes	☐ No		75-03-09-18(5)	Indoor and outdoor equipment, toys and supplies are safe and in good repair, clean, and in sanitary condition.
☐ Yes	☐ No		75-03-09-18(6)	Grounds are free from health or safety hazards.
☐ Yes	☐ No		75-03-09-18(7)	Garbage containers are covered or inaccessible to children.
☐ 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, electrical outlets, medications, and etc.).
☐ Yes	☐ No	☐ N/A	75-03-09-18(9)	Guns and ammunition kept in locked storage, separate from each other, trigger lock may be used.
☐ 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, and debris.
☐ Yes	☐ No		75-03-09-18(11)	Railings or safety gates where necessary to prevent falls.
☐ Yes	☐ No		75-03-09-18(15)	Combustible materials are kept away from light bulbs and other heat sources.
☐ 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)	Only cats, dogs, or other approved contained pets are accessible to children. Pets properly immunized, kitchen/eating area are free of pets.

Pet Immunizations

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

☐ Yes	☐ No	☐ N/A	75-03-09-18(20)	Wading pool strictly supervised/emptied, cleaned, and sanitized daily.
☐ Yes	☐ No	☐ N/A	75-03-09-18(21)	Swimming pool approved annually by local health department.
☐ Yes	☐ No		75-03-09-18(22)(a)	Written policy on aquatic activity.
☐ Yes	☐ No		75-03-09-18(22)(b)	Written parental permission with disclosure of child's swimming ability.
☐ Yes	☐ No		50-11.1-02.2	Smoke-free environment, signage is present.

XII. SPACE

☐ Yes ☐ No	75-03-09-19(1)	Provides 35 square feet per child of indoor space. Square footage allows for_____ (number) of children.
☐ Yes ☐ No	75-03-09-19(2)	Provides daily access of 75 square feet per child of outdoor space, or provides 75 square feet per child of indoor recreation space.

XIII. PROGRAM

☐ Yes ☐ No	75-03-09-20(1)	Provides written daily routine of 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 education 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 with parent consultation.
☐ 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 are stressed by staff.
☐ Yes ☐ No	75-03-09-20(8)	Culturally diverse program/each child's culture is respected by staff members.

XIV. FOOD & NUTRITION

☐ Yes ☐ No ☐ N/A	75-03-09-21(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	75-03-09-21(3)	Children in care for more than 3 hours shall receive a snack or meal.
☐ Yes ☐ No ☐ N/A	75-03-09-21(5)	Children in care after school served snacks.
☐ Yes ☐ No ☐ N/A	75-03-09-21(7)	Menu planning and feeding schedules include information from parents to tailor a child's needs.
☐ Yes ☐ No	75-03-09-21(9)	Children are encouraged to eat, no coercion or force feeding.
☐ Yes ☐ No	75-03-09-21(6)	Daily or weekly menus are posted.

XV. RECORDS

☐ Yes ☐ No	75-03-09-22(1)	Provider shall keep copy of administrative code on premises of all times.
☐ Yes ☐ No	75-03-09-22(2)(a)	Children's name, birth date, and current home address.
☐ Yes ☐ No	75-03-09-22(2)(b)	Names of child's parent, business and personal telephone numbers.
☐ Yes ☐ No	75-03-09-22(2)(c)	Telephone numbers of people who may assume responsibilities.
☐ Yes ☐ No	75-03-09-22(2)(d)	Written emergency care authorization.
☐ Yes ☐ No	75-03-09-22(2)(e)	Names and telephone numbers of persons authorized to take child.
☐ Yes ☐ No	75-03-09-22(2)(f)	Immunization record, unless drop-in child or school age.
☐ Yes ☐ No	75-03-09-22(2)(g)	Current health assessments, completed annually.
☐ Yes ☐ No	75-03-09-22(3)	Has verified identification of children in care-birth certificate, certified school records, passport or other documentary evidence.
☐ Yes ☐ No	75-03-09-22(4)(c)	Release of information form available/signed/prior to the release of information.
☐ Yes ☐ No	75-03-09-22(4) (a-c)	Ensure all records, photos, and information with respect to children receiving child care services kept confidential, access limited to staff members, parents, authorized agents, etc.

XVI. DISCIPLINE

☐ Yes	☐ No	75-03-09-23(1)	Has a written policy regarding discipline and interpreted to staff before working with children.
☐ Yes	☐ No	75-03-09-23(1-12)	Discipline is constructive or educational in nature, and items 1-12 are reviewed together by provider and licenser.

XVII. SPECIALIZED TYPES OF CARE

☐ Yes	☐ No	☐ N/A	75-03-09-24(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	75-03-09-24(1)(b) (1-7)	Feeding requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-09-24(1)(c) (1-4)	Diapering requirements are complied with and reviewed.
☐ Yes	☐ No	☐ N/A	75-03-09-24(1)(d) (1-9)	Sleeping requirements are complied with and reviewed.
☐ 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-e)	Sufficiently staffed to handle admission records and explain policies/ procedures for drop-in child care.

XVIII. CARE FOR CHILDREN WITH SPECIAL NEEDS

☐ Yes	☐ No	☐ N/A	75-03-09-25	Appropriate accommodations, including written care plans available for children with special needs. Staff trained and follow care plans.

XVIII. EMERGENCY CARE

☐ Yes	☐ No	☐ N/A	75-03-09-26	Written plans to respond to illness and emergencies, parents are advised of plans.
☐ Yes	☐ No		75-03-09-26(2)	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 staff members, with emergency numbers conspicuously posted.
☐ Yes	☐ No		75-03-09-26(7)(a)	Provider has secured and followed proper written instruction from a medical provider to administer prescribed medication.
☐ Yes	☐ No		75-03-09-26(7)(b)	Medication properly stored/inaccessible to children, 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. Record included in child's file.
☐ Yes	☐ No		75-03-09-26(8)(a)(b)	Appropriate first aid and medical care is provided and parents are notified when needed.

XIX. CONVICTION/ABUSE/NEGLECT

☐ Yes	☐ No	75-03-09-27(4)	Written policies on employment.
☐ Yes	☐ No	75-03-09-27(5)	Fingerprint-based background check completed initially and every 5 years.

LIST NAMES OF ALL CHILDREN, EMPLOYEES, AND VOLUNTEERS ON SITE

Calculation by Numbers *

* If calculation by numbers (check one)

☐ Maximum of 4 children under age of 24 months, plus 2 school age children

OR

☐ Maximum of 7 children of which no more than 3 are under the age of 24 months, plus 2 school age children

OR

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

Age of Children		**Staff**
0 - 18 months	_____	X .25 = _____
18 - 36 months	_____	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	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 for all Employees				
5. Background Check Form (SFN 508) for all Staff/Volunteers/ Household Members/Emergency Designee				
6. Copy of Policies/Procedures				
7. Documentation to Verify Qualification of Staff				
8. Programming Schedule				
9. Floor Plan with Square Foot/Fire Escape Plan * Initial application or modification only				
10. Pet Immunization Record				
11. Map of Outdoor Space with Square Footage				

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 18 months Ratio - .25	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
18-36 months Ratio - .20	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
3 Year Olds Ratio - .14	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
4 Year Olds Ratio - .10	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
5 Year Olds Ratio - .08	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
6 - 12 Years Ratio - .05	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 18 months Ratio - .25	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
18-36 months Ratio - .20	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
3 Year Olds Ratio - .14	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
4 Year Olds Ratio - .10	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
5 Year Olds Ratio - .08	Number of Children Scheduled:													
	Number of Staff Present:													
	Required Caregivers:													
6 - 12 Years Ratio - .05	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	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:

AUTHORIZED AGENT USE ONLY

County Licenser Comment:
Explain all NOs and N/As on Licensing Study:

Other Comment: (Name of Food Program)

Authorized Agent Requests **Provisional** License: ☐ Yes ☐ No

If Yes, Document Reason/Solution:

Authorized Agent Recommends **Denial**: ☐ Yes ☐ No

If Yes, Explain:

Report of Abuse/Neglect: ☐ Yes ☐ No

If Yes, Log Number of Report:

County:

Authorized Agent Recommendation for Licensure:
☐ Yes ☐ No **If Yes, complete 5 lines listed below:**

☐ 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 byAuthorized Agent (Signature):

Maximum Number of Children:

Date Application Packet Recieved:

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 Authorized Agent 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:

AUTHORIZED AGENT USE ONLY (Additional Information)

REGIONAL OFFICE USE ONLY (Additional Information)