



State of Minnesota
Department of Human Services
Division of Licensing
Family Systems
Family Child Care Licensing Checklist
 MN Rules, Part 9502.0315 - 9502.0445



Individual - identifying information

NAME (LAST, FIRST, MI)		DATE COMPLETED
ADDRESS		
CITY	STATE	ZIP CODE
CO-APPLICANT NAME (LAST, FIRST, MI)		TELEPHONE NUMBER

Attention. If you want free help translating this information, call (651) 431-3850.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم (651) 431-3850.

កំពុងសំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅ (651) 431-3850 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite (651) 431-3850.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (651) 431-3850.

ໂຢູດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທລ໌ຫາ (651) 431-3850.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu (651) 431-3850.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните (651) 431-3850.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac (651) 431-3850.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al (651) 431-3850.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi (651) 431-3850.

LB-4-0001 (1-08)

This information is available in alternative formats to individuals with disabilities by contacting us at (651) 296-3971. TTY users can call through Minnesota Relay at (800) 627-3529. For the Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.

Program (9502.0415)

- 1. Describe a typical day in child care (include creative activities, TV/video, outdoor play, reading): (9502.0415, subp. 1.) _____

- 2. What type of structured activities do you do with the children? (9502.0415, subp. 1., 4., 6., 8., 10.)

- 3. Are activities scheduled indoors and outdoors, weather permitting? (9502.0415, subp. 1.A.)

- 4. How is outdoor play supervised? (9502.0315, subp. 29.A. and 9502.0365, subp. 5.) _____

Physical environment and safety factors (9502.0425)

- 1. List all rooms used for child care. (9502.0425, subp. 1.) _____
 For initial licensing: Floor plan with square footage attached.
- 2. Have you done any remodeling to your home since your last renewal? Yes No
If yes, describe (example: room addition, patio, deck.) (9502.0425, subp. 14.,15.) _____

- 3. If there has been any addition or remodeling, do these areas have at least two means of escape? (9502.0425, subp. 4.) Yes No N/A
If one exit is a window, does it:
a) Open without special knowledge, and Yes No N/A
b) Have a clear opening of at least 5.7 square feet (with a minimum of 20 inches wide and a minimum of 24 inches high and is it no more than 48 inches off the floor)? Yes No N/A
- 4. If you have a deck, will this ever be used by the children in care? (9502.0425, subp. 11.) Yes No N/A
If not used for child care, how is access by the children in care prevented? _____

Is the deck 30 inches or less above the ground? (9502.0425, subp. 11.) Yes No
Is there a guardrail? (9502.0425, subp. 11.) Yes No
How high is the guardrail? (9502.0425, subp. 11.) _____
Is it enclosed properly? (9502.0425, subp. 11.) Yes No
- 5. Is your basement used for child care? (9502.0425, subp. 1.B.) Yes No N/A
If yes, do you have two means of escape that meet fire code? (9525.0425, subp. 4.) Yes No
How are your furnace/water heater/workshop areas separated from the play area? (9502.0425, subp. 7.E.)

- 6. Are all stairways, both indoor and outdoor, with three or more steps equipped with handrails? (9502.0425, subp. 10.A.) Yes No N/A
Is the area between the handrail and the stair tread enclosed properly? (9502.0425, subp. 10.B.) Yes No N/A
Is the back of the stair riser enclosed? (9502.0425, subp. 10.B.) Yes No N/A
Do you have a gate, barrier, or door on your stairways (for children between 6 months and 18 months of age)? (9502.0425, subp. 10. C.) Yes No N/A

7. Do you have a fire extinguisher with a minimum rating of 2A10BC located near the kitchen? (9502.0425, subp. 16.) Yes No
 Is it operational? (9502.0425, subp. 16.) Yes No
 Do you know how to use it? (9545.0425, subp. 16.) Yes No
 When was it last serviced? ____/____/____ (MO/DAY/YR)
8. Do you have a working smoke detector located on each floor? (9502.0425, subp. 17.) Yes No
 When were they last tested? ____/____/____ (MO/DAY/YR)
9. Are all gas, coal, wood, kerosene or oil heaters, fireplaces, woodburning stoves, space heaters, steam radiators, and furnaces installed in accordance with state building codes? (9502.0425, subp. 7.A., B. and D.) Yes No N/A
 Are combustible items kept at least 36 inches from the furnace or other heating source? (9502.0425, subp. 7.C.) Yes No N/A
10. Are all woodburning stoves, fireplaces, space heaters, radiators and other hot surfaces protected so children do not have access to them when in use? (9502.0425, subp. 7.D.) Yes No N/A
11. Are emergency telephone numbers posted near each phone? (9502.0435, subp. 8.)
 911 Yes No
 Poison Control Yes No
 Do you have a list of emergency substitutes? Yes No
12. Are all toxic or hazardous materials kept out of reach? (9502.0435, subp. 4. and 6.) Yes No N/A
13. List location of the following items, indicating if area is locked, and how these items or area will be inaccessible by children in care: (9502.0435, subp. 4. and 6.)
 Medicine and vitamins _____ Matches and lighters _____
 Sharp knives _____ Liquor _____
 Cleaning supplies _____ Tools _____
 Scissors _____ Personal care products _____
 Plastic bags/wraps _____ Other hazardous or toxic items _____
 Sewing equipment _____
14. Do you have any firearms and ammunition in your home or on your property? (9502.0435, subp. 5.) Yes No
(9502.0435, subp. 5.) These must be locked and stored in separate areas.
 If yes, where do you store your firearms? (9502.0435, subp. 5.) _____

 Where do you store the ammunition? (9505.0435, subp. 5.) _____

15. Do you have the following items in your first-aid supplies? (9502.0435, subp. 7.)
 Bandages Yes No Ice bag or cold pack Yes No
 Tape Yes No Thermometer Yes No
 Scissors Yes No First-aid manual Yes No
 Sterile compresses Yes No
 Soap Yes No
16. Can your bathroom door be opened from the outside if locked, and is the unlocking device near the door? (9502.0425, subp. 12.B.) Yes No
17. Do you have a swimming pool used by children in care? (9502.0425, subp. 3.) Yes No
 If yes, are you complying with MN Statutes, Section 245A.14, subd. 11? Yes No
 Do you have a wading pool used by children in care? (9502.0425, subp. 3.) Yes No
 If yes, are you complying with MN Statutes, Section 245A.14, subd. 10? Yes No
Note: How is the pool inaccessible when not in use? (9502.0425, subp. 3.)

18. If you use a swimming pool or beach, is the attendant present trained in first aid and resuscitation? (9502.0425, subp. 3.) Yes No N/A

19. Do you live on a high traffic street or highway, near water or near railroad tracks? (9502.0425, subp. 2.) If yes, circle all that apply.
20. Is your yard fenced? (9502.0425, subp. 2.)

Yes No

Yes No

Sanitation and health (9502.0435)

1. Are garbage containers and rubbish inaccessible to infants and toddlers? (9502.0435, subp. 3.)
- Where do you keep your garbage and rubbish containers? (9502.0435, subp. 3.)

Yes No

indoors
 outdoors

Yes No

2. Do you have any pets? (9502.0435, subp. 12.)
- If yes, what are they? _____
- Date of last rabies shots? (for dogs and cats) ____/____/____ (9502.0435, subp. 12.C.)
- Expiration date: ____/____/____
- Where are pet cages/litter boxes located? _____

- Are they away from food preparation, storage, or serving areas? (9502.0435, subp. 12.D.)
- Are birds clear of the bacteria chlamydia-psittaci? (9502.0435, subp. 12.)
- Is the play area free of animal excrement? (9502.0435, subp. 12.E.)

Yes No N/A

Yes No N/A

Yes No N/A

3. Have there been any animal bites since your last renewal? (9502.0435, subp. 12.F. and G.)
- If yes, were parents and health officials notified the same day? (9502.0435, subp. 12.F.)
4. Are separate towels, washcloths, cups, combs and other personal articles used for each child? (9502.0435, subp. 10.)
5. Are children's hands washed with soap and water when soiled, after the use of a toilet or training chair, and before eating? (9502.0435, subp. 15.)
6. Are diapers and clothing kept clean and dry and changed when wet or soiled? (9502.0435, subp. 13.B.)
- Where do you change diapers? (9502.0435, subp. 13.D.) _____

Yes No N/A

Yes No

Yes No

Yes No N/A

- Do you use a washable, non-absorbent surface? (9502.0435, subp. 13.D.)
- If yes, describe. _____
- Do you wash this surface with a solution of soap and water if it is soiled? (9502.0435, subp. 13.D.)
- If yes, describe. _____

Yes No N/A

Yes No N/A

- Do you disinfect this surface with a solution of chlorine bleach and water (2 teaspoons of bleach to 1 quart of water) after each diaper change? (9502.0435, subp. 13.D.)
- Are soiled cloth diapers (except from a diaper service), plastic pants, and clothing placed in a plastic bag and sent home with the parents daily? (9502.0435, subp. 13.F.)
- Are children washed with a single-service disposable wipe or clean cloth before re-diapering? (9502.0435, subp. 13.E.)
- Where are soiled disposable diapers placed? (9502.0435, subp. 13.C.) _____

Yes No N/A

Yes No N/A

Yes No N/A

- Is this inaccessible to children and emptied when full (and at least daily)? (9502.0435, subp. 13.C.)

Yes No N/A

Worker only

- Are clean diapers inaccessible to children? (9502.0435, subp. 13.A.) Yes No N/A
- Are all cloth diapers labeled with the child's name? (9502.0435, subp. 13.A.) Yes No N/A
7. Do you (or any caregiver or helper) wash hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparation? (9502.0435, subp. 15.) Yes No N/A

- Do you use a single-use towel to dry your hands? (9502.0435, subp. 15.B.) Yes No
8. Are toilet-training chairs, stools, and seats washed with soap and water when soiled and at least daily? (9502.0435, subp. 14.) Yes No
9. How many of each of the following do you have for child care use? (9502.0415, subp. 5., 7., 9., 11.)

Cribs	_____	Mats	_____
Portacrib	_____	Playpens	_____
Beds	_____	Sofas	_____
Cots	_____	Sleeping bags	_____

- Have you completed the monthly crib safety inspection form, including the annual certification, for each crib in use? Yes No
- Do you have documentation of the brand name and model number for each crib used by or accessible to children in care? (245A.146, subd. 2.) Yes No
- Have you annually checked the crib brand names and model numbers against the U.S. Consumer Product Safety Web site and taken appropriate actions regarding any unsafe crib? (245A.146, subd. 3.) Yes No
- Have you conducted and documented, at least monthly, safety inspections of every crib used by, or accessible to children in care? (245A.146, subd. 4.) Yes No

10. Is clean, separate bedding provided for each child in care? (9502.0435, subp. 11.) Yes No
11. Is drinking water available and offered to children (including older infants) at frequent intervals? (9502.0445, subp. 1.B.) Yes No
- Are separate or single-service cups or bottles used? (9502.0445, subp. 1.B.) Yes No
12. Do you have well water? (9502.0445, subp. 1.A.) Yes No
- What is the date of most current test? ____/____/____ (MO/DAY/YR)

Have a copy of the well test available for licenser.

13. Is your water temperature below 120°F? (9502.0435, subp. 15.A.) Yes No
14. Do you use only pasteurized milk for the children in care? (9502.0445, subp. 2.) Yes No
15. Do you participate in the USDA Food Program? (9502.0445, subp. 3.A.) Yes No
- If yes, which one: _____
- If no, do you serve food from the basic food groups? (9502.0445, subp.3.A.) Yes No

Provide a sample menu to your licenser.

16. Are all foods, lunches, and bottles brought from home labeled with the child's name and refrigerated when necessary? (9502.0445, subp. 3.D.) Yes No
- Is refrigerator temperature no more than 40° F? (9502.0445, subp. 4.B.) Yes No
- Are bottles washed after use? (9502.0445, subp. 3.D.) Yes No

Miscellaneous safety

1. Are electrical outlets covered in the areas of your home which are used by the children in care under first grade? (9502.0425, subp. 18.A.) Yes No
2. Do you use extension cords as a substitute for permanent wiring? (9502.0425, subp. 18.C.) Yes No
3. Do you transport the children in care in your vehicle? (9502.0435, subp. 9.) Yes No
- If so, have you received training on child passenger restraint systems? (245A.50, subd. 6.) Yes No
- Date training received: ____/____/____

- Do you have written permission from parents to transport children? (9502.0435, subp. 9.D.) Yes No
- Is each child under age 4 securely fastened in an approved car seat? (9502.0435, subp. 9.B.) Yes No
- Are all other children securely fastened in seat belts? (9502.0435, subp. 9.A.) Yes No
- Is your auto licensed according to state law? (9502.0435, subp. 9.C.) Yes No
- Does the driver of the vehicle hold a current valid driver's license? (9502.0435, subp. 9.C.) Yes No
- Children may not be left unattended in any vehicle (9502.0435, subp. 9.E.)**
4. Is your child care license posted in your home? (9502.0335, subp. 10.) Yes No
- Are correction orders and negative actions received posted as required? (245A.056, subd. 4 and 245A.07, subd. 5.) Yes No
- Do you have an emergency exit plan on file? (9502.0435, subp. 8.F.) Yes No

Provider training and other caregivers

1. List child care-related training you have taken since your last relicensing: (Eight hours of training is required annually) (245A.50, subd. 7).

Training	Date	No. of hours
Shaken Baby Video (every year) (245.50, subd. 5(d))		
SIDS/Shaken Baby (every five years) (245A.50, subd. 5(a)(b))		
Child Passenger Restraint (every five years) if transporting (245A.50, subd. 6)		
First Aid (245A.50, subd. 3)		
CPR (every three years) (245A.50, subd. 4)		
Child growth and development training (245A.50, subd. 2)		

2. Will there be any adult caregiver working with you in your child care on a regular basis? (9502.0385, subp. 5.) Yes No

If yes, name: _____

- Has he/she completed required training? (See below.) Yes No

(Eight hours of training is required within one year of date of employment and annually thereafter) (245A.50, subd. 7)

Training	Date	No. of Hours
Shaken Baby Video (every year) (245.50, subd. 5(d))		
SIDS/Shaken Baby (every five years) (245A.50, subd. 5(a)(b))		
Child Passenger Restraint (every five years) if transporting (245A.50, subd. 6)		
First Aid (245A.50, subd. 3)		
CPR (every three years) (245A.50, subd. 4)		
Child growth and development training (245A.50, subd. 2)		

3. For any adult caregivers providing care on a regular basis, is there a physical examination on record in the agency? (9502.0355, subp. 2. A. and B.) Yes No

- Is there a background study on record in the agency? (MN Stat 245A.04, subd. 3.) Yes No
4. Do you use a substitute? (9502.0365, subp. 5.) Yes No
 If yes, how often? _____
 If yes, is there a background study on record in the agency? (MN Stat 245A.04, subd 3.) Yes No
- Have they completed the required training? (SIDS and Shaken Baby Syndrome, if caring for infants, Child Passenger Restraints, if transporting children under age 9 and First Aid and CPR, if providing care for more than 30 hours annually?) Yes No
- Substitutes may not be used more than 30 days.**
5. Do you use a helper (13-18 years of age)? (9502.0315, subp. 14.) Yes No
Children may not be left alone in the care of anyone under 18 years of age.
6. In the event of an emergency, do you have a substitute who is at least 18 years of age? (9502.0405, subp. 3.L.) Yes No
 Describe your emergency plan: _____
7. Is the caregiver within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child? (9502.0315, subp. 29.A. and 9502.0365, subp. 5.) Yes No
 Is the caregiver available for assistance and care for the school-age child? (9502.0365, subp. 5 and 9502.0315, subp. 29.A.) Yes No

Behavior guidance

1. What kind of discipline is used with the children in care? (9502.0395, subp. 1. & 2.)
- Infants _____
- Toddlers _____
- Preschoolers _____
- School-Age _____

Review the following statements regarding behavior guidance and check the appropriate box at the end of the section.

- **Corporal punishment** (physical discipline) is not allowed with the children in care. This includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. (9502.0395, subp. 2.A.)
- **Emotional or psychological abuse** of the children in care is not allowed. This includes but is not limited to name calling, ostracism, shaming, derogatory remarks about the child or child's family, threats that threaten, humiliate or frighten the child. (9502.0395, subp. 2.A.)
- **Food, light, warmth, clothing, or medical care shall not be withheld** from a child. (9502.0395, subp. 2.B.)
- **Discipline and punishment shall not be delegated to another child.** (9502.0395, subp. 2.C.)
- **The separation of a child from a group to guide behavior** must be appropriate to the age of the child and circumstances requiring the separation. (9502.0395, subp. 2.D.)
- **An infant shall not be separated** from the group for disciplinary reasons. (9503.0395, subp. 2.E.)
- **A child shall not be separated** from the group for a period longer than 10 minutes. (9502.0395, subp. 2.F.)
- **A child separated** from the group must be placed in an area or separate room that is well lighted, free from hazards, ventilated, and open to the view of caregivers. (9502.0395, subp. 2.G.)
- **No child shall be placed in a locked room** to separate the child from the group. (9502.0395, subp. 2.H.)

- **No child is to be punished for toileting accidents.** (9502.0395, subp. 3.A.B.)

- Yes, I understand these statements and will abide by them.
- No, I don't understand these statements and have questions about them.

- Do you discuss with the parents your child-rearing, sleeping, feeding, and behavior guidance practices? (9502.0405, subp. 1.) Yes No
- Describe your methods of toilet training. (9502.0405, subp. 4.B.) _____

Be prepared to show verification of the following:

Insurance

- Do you carry child care liability insurance? (9502.0355, subp. 4.) Yes No
- If you have liability coverage of less than \$100,000 per person and \$250,000 per occurrence or no liability coverage, do you have signed statements from parents of children in care? (9502.0355, subp. 4.) Yes No

Provider records, policies, and reporting

- Do you have the following completed forms on file for each child in care? (9502.0405)
 - Admission and arrangements forms. (subp. 4. A.) Yes No
 - Immunization records (subp. 4.A. and C.) Yes No
- Do you have written provider policies available for discussion with parents or agency? (9502.0405, subp. 3.) Yes No
- Do you have an up-to-date Fire and Storm Drill Log? (9502.0405, subp. 3.H.) Yes No
- Do you have a working telephone? (9502.0435, subp. 8.A.) Yes No
- Do you have an operable flashlight and battery-operated radio or TV? (9502.0435, subp. 8.E.) Yes No
- For what ages are your toys and play equipment suited? (9502.0415, subp. 3. and 9502.0435, subp. 4.) _____
 Are they safe, in good repair, and free of lead-based paint? Yes No
 Is your supply adequate for the number and ages of children in care? Yes No
- Have you had any fires requiring the service of a fire department since your last licensing visit? (Must be reported within 48 hours.) (9502.0375, subp. 2.C.) Yes No
- Have you had a serious injury (needing treatment by a doctor) or death of a child in care since your last licensing visit? (Must be reported immediately.) (9502.0375, subp. 2.D.) Yes No
- Have you had any suspected cases of physical or sexual abuse or neglect? (Must be reported immediately) (9502.0375, subp. 2.B.) Yes No
 Was the abuse/neglect reported? Yes No
- Have there been any changes in the regular membership of your household? (9502.0375, subp. 2.A.) Yes No
 If yes, have these changes been reported to the agency? (MN Statutes 245A.04, subd. 3.) Yes No
- Have you or anyone in your household received treatment or counseling for chemical dependency, alcohol, or drugs or other related issues since your last licensing visit? (9502.0335, subp. 6.A.) Yes No
 If yes, explain: _____

12. Have you or anyone in your household or employee been charged with or convicted of a felony or misdemeanor, or been involved in any court services for any reason since your last licensing visit? (9502.0335, subp. 6.D.) Yes No
If yes, explain: _____
13. Do you allow smoking in your home during the hours children are in your care? (MN Statutes 144.414, subd. 2.) Yes No
14. Do you permit smoking in your home outside of the hours you operate your family child care? If yes, the license holder must disclose to parents or guardians of children cared for on the premise if the license holder permits smoking outside the hours of operation. Disclosure must include posting on the premises a conspicuous written notice and orally informing parents or guardians. (MN Statutes, 144.414, subd. 2) Yes No
15. Do you have a current alcohol and drug policy and grievance procedure for your program? (245A.04, subd. 1 (c)(d)) Yes No

List any special concerns you wish to discuss at the licensing visit or any resource material you would like:

Statement

I wish to be licensed for family child care. I agree to abide by the licensing standards under Minnesota Department of Human Services Child Care Licensing Rule 9502.0300-9502.0445, and Minnesota Statutes, Chapters 245A and 245C.

Finally, I agree that any documentation that I provide or representations that I make to the commissioner's representative during the time that I am licensed is accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, revocation, or conditional status of my license or denial of my application.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT	DATE

For staff use only

DATE OF VISIT

MET WITH

Classification and number licensed for: _____

Describe, if any, restrictions and/or conditional use.

Background studies

Applicant/license holder	BCA	Social services	Juvenile	Other (if reasonable cause 245C.08, subp. 3)
1.				
2.				

Household member				
1.				
2.				
3.				
4.				
5.				

Annual licensing evaluation (9502.0345, subp. 1F)

Comments by license holder:

Comments by licensing worker:

WORKER SIGNATURE

