

Winona County Child Care Licensing- Off Year

Name: _____

Date: _____

Telephone number: _____

Email address: _____

Current license class: _____ Does class need to change? _____ If yes, what to and why: _____

Co-Applicant name: _____

Co-Applicant telephone number: _____ Co-Applicant email: _____

List all substitutes, second caregivers, and helpers used in the past year:

Who is your emergency substitute: _____

Have all substitutes, second caregivers, helpers, and your emergency substitute completed the required SUID and AHT trainings?

Have background checks been completed on all listed above?

Please complete the following questionnaire and return to licensing before your upcoming relicensing visit. Please be as detailed as possible.

1. Have you made any changes (other than rates) in your Provider Policy in the last year?
-

If yes, please provide a new copy of your polices to licensing. What areas have changed in your polices? Are all required components included in your policy as stated in Rule 2, 9502.0405 Subp 3?

2. Do you have any of the following to report: health concerns, changes in household membership, or injuries to a child?
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-
-

3. Have you or anyone in your household or an employee been charged with or convicted of a felony or misdemeanor or been involved in any court services for any reason in the past year? If yes, please describe:

4. Is there anything you want to discuss with your licensor at your visit?

Training and Tracking Information for Child Care Providers and Staff

Please fill out this form annually and return a copy to the county licensor. Include information as requested for all co-applicants, second caregivers, helpers, and substitutes. Retain a copy of this form for your records.

*Please use exact dates (mm/dd/yy)

*Copies of training certificates or a Develop transcript for each session attended by every provider, helper, or substitute must be kept on file and available for licensor review during relicensing visits or upon request at other times. If you are able, please send a transcript copy back with this form.

*License holders are required to document the date that a background study form was sent in to the agency and contact their licensor to inquire about the status of the study if a response has not been received from the agency within 45 days of the date it was sent.

Provider's Name: _____ Date: _____

Address _____

City _____ Zip _____ State _____

Background study submitted _____ (Every 2 years) Background study received _____

Annual Training Hours- 16 total hours required each year (includes required trainings listed below)

Name of training	Date	# of Hours
CPR (every 2 years)		
First Aid (every 2 years)		
Sudden Unexpected Infant Death (In person class or through Eager to learn every 2 years)		
Abusive Head Trauma (In person class or through Eager to learn every 2 years)		
SUID/AHT Videos (Viewed on the off year from the in person classes)		
Supervising for safety/ Active supervision (two hours every year) Title of class: _____		
Child Growth and Development and Behavior Guidance (every year) Title of class: _____		
Child passenger restraint (required every 5 years only if transporting children under age 9)		

**** Please fill out information for co-applicant, second caregivers, helpers, and substitutes (including emergency substitutes) on reverse side.**

Name: _____

Check one:

- _____ Co-applicant or second caregiver used 30+ times in a 12 month period
- _____ Second caregiver (18 or older used less than 30 times in a 12 month period)
- _____ Substitute (from 31 hours to 30 days in a 12 month period)
- _____ Substitute (30 hours or less in a 12 month period)
- _____ Substitute (Emergency only)
- _____ Substitute Helper (Ages 13 to 17)

Background study submitted _____ (Every 2 years) Background study received _____
45 day follow up if not received _____

Name of training	Date	# of Hours
CPR (every 2 years)		
First Aid (every 2 years)		
Sudden Unexpected Infant Death (In person class or through Eager to learn every 2 years)		
Abusive Head Trauma (In person class or through Eager to learn every 2 years)		
SUID/AHT Videos (Viewed on the off year from the in person classes)		
Supervising for safety/ Active supervision (two hours every year) Title of class: _____		
Child Growth and Development and Behavior Guidance (every year) Title of class: _____		
Child passenger restraint (required every 5 years only if transporting children under age 9)		

Name: _____

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- _____ Second caregiver (18 or older used less than 30 times in a 12 month period)
- _____ Substitute (from 31 hours to 30 days in a 12 month period)
- _____ Substitute (30 hours or less in a 12 month period)
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Child passenger restraint (required every 5 years only if transporting children under age 9)		

***Make additional copies of this page if necessary

Enrollment Form

Please complete the following information for all children you have cared for over the last 12 months, whether they are still in care or not and whether they are full- or part time. Evaluations will be sent to at least two of these parents. (9502.0367 and 9543.0040, subpart 2. B. (b))

Provider Name _____ Class of License _____

Licensor Name

Child's Name	Enrollment start & end date	Sex	Date of Birth	Infant	Toddler	Preschool	School age	Parent Name & Address with Zip Code	Phone Number (both work and home)	Days and Hours of Care	Worker Only						
											Current or Past	Medication permission	Liability Ins. Notice	A & A	Immunization	Parent Evaluation	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	

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Provider Name _____

Class of License _____

Licensors Name _____

Child's Name _____

Days and Hours of Care _____

Phone Number (both work and home) _____

Parent Name & Address with Zip Code _____

School age _____

Preschool _____

Toddler _____

Infant _____

Date of Birth _____

Sex _____

Enrollment start & end date _____

	Worker Only						Current or Past	Medication permission	Liability Ins. Notice	A & A	Immunization	Parent Evaluation
1												
2												
3												
4												
5												
6												
7												
8												

Winona County Child Care Licensing Family Child Care Provider's Agreement

1. I agree to follow all the provisions of the Minnesota Department of Human Services, Family Day Care and Group Family Day Care Standards, and to cooperate with Olmsted County Child Care Licensing to assure the protection, proper care, health, safety and development of the children in my care (9502.0335, Subp. 13).
2. Agree to allow representatives of the Department of Social Services to visit my home at any time during the hours that licensed child care is provided (9502.0335, Subp. 13).
3. I agree that at any one time I shall have no more children in my care than is specified in my license in accordance with licensed capacity, child/adult ratios, and age distribution restrictions. (9502.0365, Subp. 1-4 and 9502.0367).
4. I agree that the primary care provider, substitutes and helpers shall participate in all required training. Review Tracking Form for specific requirements. I also agree that I will complete Child Passenger Restraint training PRIOR to transporting day care children under the age of nine.
5. I agree that no child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the non-accidental infliction of physical pain on a child by a caregiver. No child shall be spanked, slapped, shaken, hit, pinched, or roughly handled by the daycare provider. No child will be subject to name calling, shaming, ostracism, threatened, humiliated, or frightened (9502.0395 Subp. 2A).
6. I will not discriminate in relation to admissions on the basis of race, creed, color, national origin, religion, sex, or disability (9502.0405, Subp. 6).
7. I agree to report to child protection any suspected cases of physical abuse, sexual abuse, or neglect. I agree to report to my licensing worker any change in membership of the household; the occurrence of fires, serious injury or death of a child (9502.0375 Subp. 1, and Subp. 2A-D).
8. I agree to require every individual providing care in the residence (age 13 and over) to complete a consent form for a background check (9543.3040, Subp. 1-2).
9. I agree to complete and have accessible the following forms for each child enrolled: admissions and arrangements, immunization records, emergency authorization, and permission to administer, checklist, and Reporting Policy for Licensed Family Child Care Program (9502.Sub. 4A-D and 9502.0435, Subp. 16F, items 1 and 2).
10. I will cooperate with the children's own families in maintaining good relationships and will keep them aware of the children's progress and development (9502.0405, Subp. 1).
11. I agree not to disclose any records/information on children in care to any persons other than the parents of the child, the agency, the department, the person required by 9502.0375, Subpart 1, and medical or public safety persons if information is necessary to protect the health and safety of the child (9502.0345, Subp. 2).

PROVIDER SIGNATURE: _____ DATE: _____
CO-APPLICANT'S SIGNATURE: _____ DATE: _____

