**INSTRUCTIONS FOR CHILD CARE LICENSING VISITS**

***ATTACHED IS YOUR LICENSING MATERIALS FOR THIS YEAR.*** *Please follow this guideline so that your licensing process can be done as quickly and efficiently as possible.*

*\*Fillable forms are available on our website; go to “Forms for Licensed Providers – Carver County MN”. You must “Download” the form in order to fill it out and be able to save it or print it.*

**STEP ONE: COMPLETE AND RETURN THE FOLLOWING FORMS & DOCUMENTATION BY !**

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| --- | --- | --- |
|  | **FAMILY SYSTEMS LICENSING APPLICATION** | Include caregivers, helpers, & substitutes, living & working in the home. Print & sign name |
|  | **TIME AWAY FROM YOUR DAYCARE HOME** | List all times you will not be available for a licensing visit |
|  | **HOME CHECKLIST** | Fill out clearly and completely |
|  | **ENROLLMENT FORM** | Are parents’ addresses & phone numbers correct? Add your children also |
|  | **FIRE/TORNADO DRILL LOG** | Conduct drills once a month & note time of day |
|  | **FIRE ESCAPE PLAN** | Only fill out if your plan has changed since last year |
|  | **DEVELOP *KNOWLEDGE & COMPETENCY FRAMEWORK*** (KCF) **LEARNING RECORD PRINT In KCF Format from Develop Log** | Copies of Learning Record must be sent. ***(Learning Record must include first page with person’s name)***  *(Directions to print correct KCF log are on our website)* |
|  | **TRAINING RECORD & CERTIFICATES** *(If applicable)* | Training Record is for courses that were not taken through Develop |
|  | **SUID/AHT VERIFICATION FORM** | View SUID/AHT videos off-year |
|  | **INSURANCE POLICY** | If applicable |
|  | **MENU** | Fill out ONLY if you are not on a food program |
|  | **STAFF INFORMATION SHEET** | Fill out all information on staff |
|  | **VERIFICATION OF RABIES SHOTS FOR PETS** | When applicable |
|  | **ANNUAL Emergency Preparedness Plan REVIEW LOG** | License holder & all Caregivers must be trained annually on the EP Plan |
|  | **WELL WATER RESULTS** | When applicable (Test for: Coliform & Nitrate) |
|  | **PARENT E-MAIL FORM** | Fill out all parents e-mail addresses clearly |
|  | **PRIVACY RIGHTS** | Please read and sign |

* ***Fill out and print forms to return to us or go to our website and auto-fill forms and send as “ATTACHMENTS” via email to:*** [***tpsprengeler@carvercountymn.gov***](mailto:tpsprengeler@carvercountymn.gov)
* ***Be sure to return the “Time Away From Your Daycare Home” Sheet with dates and times listed when you will not be available at your daycare home for the licensing visit.***

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**STEP TWO: Your licensor will make an unscheduled visit during your normal LICENSING TIME PERIOD.**

To help your re-licensing proceed smoothly and quickly, please prepare and have ready for review all of the following forms and documents for the visit.

*\*Fillable forms are available on our website; go to “Forms for Licensed Providers – Carver County MN”*

* **Bleach Alternative Form**
* **Emergency Preparedness Plan** *(reviewed annually for yourself and all caregivers)*
* **Fire Extinguisher** *(needs to be certified and tagged annually)*
* **First Aid Kit & Manual** *(copies of all children’s Admission & Arrangement Forms included in the kit)*
* **Monthly & Annual Crib Safety Inspection Form**
* **Provider’s Policy/Contract**
* **Substance Abuse Form for all Employees**
* **Substitute Tracking Form**
* **Each Child’s Information Records:**
  + **Admissions and Arrangements Form**
  + **Allergy Information Form** *- if applicable*
  + **Annual Allergy Information Review Log -** *if applicable (license holder & all caregivers)*
  + **Disqualification/Negative Action Notification to Parents** *(if applicable)*
  + **Documentation of Child Care Liability Insurance & notification forms with parents signatures**
  + **Immunization Record**
  + **Mandated Reporting Policy**
  + **Permission to Administer Prescription & Non-Prescription Medication**
  + **Other Authorization, Notification and Permission Forms** *(as applicable)*

**REMEMBER…**

* ***STEP ONE –*** *Send forms or email fillable forms as attachments and return the “TIME AWAY FROM YOUR DAYCARE HOME” sheet.*
* ***STEP TWO –*** *Have the items listed above ready for the licensor to view at your visit.*
* *Please inform your licensor if there are any email/name/phone number/address changes to yourself or any household members or staff.*

**If you have any questions concerning this process, please contact your licensor**

**at** **(952) 361-1714** or email to [tpsprengeler@carvercountymn.gov](mailto:tpsprengeler@carvercountymn.gov)

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