

Blue Earth County Human Services

Relicensing Checklist

Please submit the following documentation to your licensor prior to the visit

| FORMS: | DONE |
|---|-------------|
| Family childcare license application | |
| Workers compensation form | |
| Privacy statement | |
| Copy of policy- REQUIRED | |
| Record of required trainings (<i>KCF Learning Record</i>) | |
| Well water report (<i>if applicable</i>) | |
| Fire & storm drill log | |
| Monthly crib safety inspection and annual certification form | |
| Proof of pet vaccinations | |
| Enrollment list of all children receiving services in the past year | |
| Copy of substitute hours for the past year (<i>if applicable</i>) | |

| QUESTIONS: | | |
|---|------------------------------|-----------------------------|
| Do you care for children requiring diapers? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for children who sleep in a non-rigid sided crib? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for children who sleep in a rigid sided crib? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for infants or newborns? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have pets? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have liability insurance? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have an enrolled child with allergies? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have staff (sub/2nd caregiver)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Please list: _____ | | |
| Do you use a pool/wading pool? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you provide transportation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have a deck? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have firearms present? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you registered to receive public funding (CCAP)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

How do you handle supervision? (Awake, sleeping & outside time)

How do you direct misbehavior?

| ITEMS TO BE CHECKED DURING HOME VISIT: | DONE |
|--|--------------------------|
| ❖ License is posted | <input type="checkbox"/> |
| ❖ Toys & equipment are in good repair | <input type="checkbox"/> |
| ❖ Windows in sleeping rooms can open freely | <input type="checkbox"/> |
| ❖ Fire extinguisher is checked & tagged annually | <input type="checkbox"/> |
| ❖ Smoke & carbon monoxide detectors have been tested | <input type="checkbox"/> |
| ❖ Combustible items are kept 18" away from furnace/water heater | <input type="checkbox"/> |
| ❖ Hazardous items are inaccessible to the children | <input type="checkbox"/> |
| ❖ Garbage cans are covered or made inaccessible | <input type="checkbox"/> |
| ❖ First aid kit is available and complete: | <input type="checkbox"/> |
| ○ Bandages, compresses, scissors, ice pack, tape, Soap, thermometer, first aid manual | |
| ❖ Bodily fluids kit is available and complete | <input type="checkbox"/> |
| ○ Eye protection, gloves, plastic bag | |
| ❖ Sharps container is available (if required) | <input type="checkbox"/> |
| ❖ Battery powered radio & flashlight are present | <input type="checkbox"/> |
| ❖ Emergency phone numbers are readily available and taken on field trips | <input type="checkbox"/> |
| ❖ Fire escape plan is available for review | <input type="checkbox"/> |
| ❖ Water temperature is under 120 degrees | <input type="checkbox"/> |
| ❖ Fridge temperature is under 40 degrees | <input type="checkbox"/> |
| ❖ Emergency plan is available for review | <input type="checkbox"/> |
| ❖ Cribs and/or pack-n-plays are in good repair | <input type="checkbox"/> |