



Starting a Licensed Child Care Business

Group License | Caring for up to 30 Children



Start a Child Care Business with a Group License

This is your “one-stop guide” for starting a licensed group child care business in North Dakota* – from making your first connection with county social services to preparing for the licenser’s final inspection. Let’s get started.

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**NOTE: Some communities have child care licensing standards in addition to the state regulations outlined in this guide. Contact your county child care licenser to verify community-specific requirements.*



Start-Up Grants Are Now Available

Grants of \$800 to \$2,000 for In-Home Group License Child Care

Providers who operate a group child care **in their home** can apply to receive a grant award of \$800 to \$2,000 to purchase equipment, resources and/or renovations required to meet licensing standards.

Eligible items include smoke detectors, fire extinguishers, first aid kits, pack ‘n plays, high chairs, safety gates/hand rails, toys and equipment, etc.

Complete an online grant application at www.ndchildcare.org/start/grants/homegroup.html or contact a Child Care Aware® Start-Up Consultant for more information.

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or 701-530-2534
skramer@lssnd.org

Eastern ND
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Grants up to \$5,000 for Non-Residential Group License Child Care

Providers who operate a group child care in a **non-residential setting** can apply to receive a grant award for up to \$5,000 to purchase equipment, resources and/or renovations required to meet licensing standards.

Eligible items include smoke detectors, fire extinguishers, first aid kits, pack ‘n plays, high chairs, safety gates/hand rails, toys and equipment, etc.

Complete an online grant application at www.ndchildcare.org/start/grants/facilitygroup.html or contact a Child Care Aware® Start-Up Consultant for more information.

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Consider These Things Before You Start

Opening and operating a group child care business requires careful consideration and planning. Before you make your final decision, think about the following.

Do you fit the part?

Successful child care providers use the following words to describe themselves. Can you see yourself “fitting the part?”

- **Energetic** - Providers typically work 10 hours a day with few breaks. Do you have the physical and emotional strength to keep up with children?
- **Organized** - Child care providers inherently become experts at multi-tasking as they juggle the responsibilities of talking with parents, nurturing children, preparing nutritious meals, keeping play areas clean and organized and more.
- **Committed** - Families depend on child care providers so they can work. Children depend on providers to care and nurture them. Do you have the ability and desire to be reliable to children and families?
- **Able to communicate** - The number one reason families leave a provider stems from misunderstandings and a lack of communication. Providers must be willing to reach out to families to build strong relationships.

Will it impact your family if you choose to operate a child care business in your home?

There may be a significant impact on your family if you choose to operate a group child care business in your home. You may want to discuss the following items with your family.

- Will your children adapt to sharing their parent, toys, and home with other children?
- Will the morning drop-off rush interfere with your family’s morning schedule?
- Can the family pet be integrated into the child care program?

We’re Here to Help

Child Care Aware® Consultants are here to help new child care providers through the start-up process. Contact the Child Care Aware® Consultant in your region to receive start-up support, resources and apply for start-up grants for **in-home** and **non-residential** group child care businesses.

www.ndchildcare.org/contact/startup.html

What are the professional benefits?

Operating a licensed group child care can be personally and financially rewarding. As a licensed provider, you will

- Enjoy being your own boss
- Play a key role in your community by offering a needed service
- Support families and impact the lives of children
- Offer families peace of mind by having a regulated and inspected facility
- Qualify for tax deductions
- Allow parents a higher Child Care Assistance reimbursement



How to Apply for a Group Child Care License

How many children can I care for?

Child care providers who hold a Group License can **care for up to 30 children** in a home or non-residential facility.

The total number of children who can attend at any given time is based on

- Children's ages
- Local ordinances (check with city or town)
- Staffing availability
- Square footage (minimum of 35 sq. ft. per child indoor and minimum of 75 sq. ft. per child outdoor)
- Plumbing available (minimum of 1 toilet for every 15 children who are potty trained)
- Point levels - One adult can care for children totaling 1.34 points, but ratios must be met and a group of children may not contain more than 4 children under the age of 18 months per provider.

CHILDREN'S AGES	POINT LEVEL
0 thru 17 months	.25 points
18 thru 35 months	.20 points
3 years	.14 points
4 years	.10 points
5 years	.08 points
6 to 12 years	.05 points

* Learn more about North Dakota child care licenses: http://www.nd.gov/dhs/services/child_care/info/

How long does it take to get licensed?

Several things can impact the licensing timeline

- Your ability to complete initial paperwork
- The licenser's work load and ability to process your application
- The time you need to prepare the child care space for the licensing inspection

This licensing checklist will guide you through the process and help you complete the process faster and more efficiently.

Who will I work with to get licensed?

Your county child care licenser

- provides a list of specific state, county and local licensing requirements you must meet.
- performs the on-site inspection of your child care business to confirm that requirements are met
- oversees on-going compliance with regulations

Child Care Aware® of North Dakota consultants

- provide assistance and resources to help you meet licensing requirements
- help you apply and obtain [start-up grants](#) to purchase needed equipment and materials
- offer on-going assistance after you are licensed

STEP ONE: Contact Your County Child Care Licenser

Your county child care licenser can help you start the application process and answer your questions.

- Does my community have additional local ordinances that regulate child care?
- Where do I go to get fingerprinted? Is there a charge? Do other people need to get fingerprinted as well?
- Do I need a fire inspection?
- Do I need a health inspection?
- Where can I get CPR and first-aid training?

Connect with the child care licenser for your area by contacting your county social services office.

<http://www.nd.gov/dhs/locations/countysocialserv/>



STEP TWO: Submit Licensing Paperwork

- ☐ [Application to be Licensed](#) (SFN 832 - See page 8)
- ☐ Fire Inspection. Ask your county child care licenser if this inspection is required for your location. If so, contact your local fire department to arrange an inspection.
- ☐ Health Inspection. Ask your county child care licenser if this inspection is required for your location. If so, contact the local health department to arrange an inspection.
- ☐ [Authorized Background Checks*](#) (SFN 508 - See page 10)
- ☐ Fingerprint scan*. Your child care licenser can tell you where to go for fingerprinting and if there is a charge for this service.
- ☐ [Personal Authorization for Criminal History Background Check Inquiry*](#) (SFN 838 - See page 11)
- ☐ [Background Check Address Disclosure/Release of Information*](#) (SFN 377 - See page 15)

* Other household members, child care staff or volunteers may need to be fingerprinted and receive background checks. Contact your county child care licenser to verify requirements.

STEP THREE: Prepare for the Inspection

This checklist highlights the main licensing requirements. Refer to [Licensing Checklist](#) (SFN 1425 - See page 17) to review a full listing of requirements.

Complete personnel requirements

Child care supervisor requirements:

- ☐ Meet at least one of the following
 - One year experience working in a child care with two parent references
 - Certification from a Montessori teaching program
 - Child Development Associate credential
 - Director's Credential
 - Associate degree with at least 8 semester hours or 12 quarter hours in early childhood education or child development or 120 hours of approved early childhood training
 - Bachelor's degree in the field of Early Childhood Education or Child Development
- ☐ Present in at least 60% during child care hours
- ☐ Meets staffing requirements based on the number of children present at any given time
- ☐ CPR/First Aid certified

Child care staff/volunteer requirements:

- ☐ At least 12 years of age if an immediate family member
- ☐ Has written parental permission if between ages 14 and 16 years
- ☐ Is supervised by the provider at all times if under age 18
- ☐ Receives orientation within the first week of employment
- ☐ Has completed authorized background checks

- ☐ Staff with current CPR and first-aid certification on duty at all times (substitute staff are exempt - parents are notified if a substitute who is not CPR/First Aid certified is sole care provider on duty)

Complete and organize required paperwork

Have the following documents completed and available for the licensing inspection.

- ☐ Copy of Group Rules
- ☐ [Evacuation Disaster Plan](#) (SFN 517-See page 30)
- ☐ [Child Care Documentation Record](#) (SFN 343 - See page 31)
- ☐ Documentation of pet immunizations, if applicable
- ☐ [Family/Group Child Care Facility Fire Safety Checklist](#) (SFN 115 - See page 33) if applicable
- ☐ Written policies and procedures (See page 40) including, but not limited to
 - Guidance and discipline of the children
 - Accident and illness response procedures
 - Reporting procedure if parents or staff wish to file a complaint, suspected licensing violation, or suspected child abuse or neglect
 - Hiring practices
 - Daily reports for their child upon request
 - Accountability procedure if a child fails to arrive
 - Transportation procedures if applicable
- ☐ Written contract notifying parents of fees and time of payment (see Appendix page 48)

Prepare for the Inspection continued on page 6

Prepare individual files

Each child must have an individual file that includes

- ☐ [Child Information Sheet \(SFN 845 - See page 34\)](#) listing child's name, birth date, and current home address
- ☐ [Parent Statement of Health \(SFN 847 - See page 35\)](#) listing the child's medical and health information.
- ☐ [Infant Sleep Permission Form \(See page 52\)](#)
- ☐ [Certification of Immunization \(SFN 16038 - See page 36\)](#)
- ☐ Official documentation verifying the identification of the child

Prepare your child care environment

- ☐ Plan and post meal plans
- ☐ Design a written daily schedule ([See page 38](#))
- ☐ Set up a child care environment providing adequate supply of safe materials and toys for indoor/outdoor play.
- ☐ Minimum 35 sq. ft. per child of usable play space indoors
- ☐ Minimum 75 sq. ft. per child of usable play space outdoors OR 75 sq. ft. usable indoor recreational space
- ☐ Fenced-in outdoor play area

- ☐ One working smoke detector in each sleeping area and one on each level
- ☐ One working fire extinguisher on each level
- ☐ Hand soap and paper towels/individual towels available at each sink
- ☐ Hot water is 120 degrees Fahrenheit or less
- ☐ Drinking water is from an approved source
- ☐ Approved first-aid kit ([See page 39](#))
- ☐ Railings or gates in place where necessary to prevent falls
- ☐ Establish napping areas
- ☐ Post signage to assure a smoke-free environment
- ☐ Bathroom (1 flushable toilet per 15 children, excluding those not toilet trained)

Schedule inspection

If you have completed all items in steps one through three, you are now ready to schedule your licensing inspection. Call your county child care licenser to schedule an inspection and complete the licensing process.

Contact a Child Care Aware® Start-Up Consultant if you have questions or want to apply for a [start-up grant](#) for your home or non-residential group child care

Establish Your New Business

These steps are not required by licensing, but they will help you launch your new child care business.

- ☐ Obtain an Employer Identification Number (EIN) to identify a business entity: [http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online)
- ☐ Register your business with the ND Secretary of State: <http://www.nd.gov/businessreg/>
- ☐ Establish a business checking account
- ☐ Inform a tax accountant about your new business
- ☐ Consult your insurance agent about specific insurance coverage for child care
- ☐ Establish a budget and a financial record keeping system. Minute Menu Kids Pro is a system designed especially for the child care businesses: <http://www.minutemenu.com>

Stay Connected

As you launch your new child care business and continue providing care, know that Child Care Aware® can assist you with virtually every aspect of your child care business.

Group License Consultants for In-Home Child Care

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Eastern ND
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Group License Consultants for Non-Residential Child Care

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www.ndchildcare.org

Child Care Aware® of North Dakota is a program of Lutheran Social Services in western North Dakota and Lakes and Prairies Community Action Partnership in eastern North Dakota



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APPLICATION TO BE LICENSED/EARLY CHILDHOOD SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 832 (Rev. 11-2012)

Operator Full Legal Name:		Employer Identification Number (EIN):		Telephone Number:	
Legal Name of Early Childhood Services Program (if applicable):				E-Mail Address:	
Address of Program:		City:		ZIP Code:	County:
Mailing Address: (if different)					
Directions to the Program:					
Supervisor/Director's Name: (If different from applicant)					Telephone Number:

Please Complete the Necessary Information Below For: (Applicant, staff member, substitute staff, and emergency designee)

NAME	SOCIAL SECURITY NUMBER	POSITION	EDUCATION	AGE	Place Checkmark if		Place checkmark if within past 10 years	
					Full-Time	Part-Time	New in County/State	Name Changed
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

The Privacy Act of 1974 (P.L. 93-579, Section 5) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of social security number is voluntary and is requested for identification purposes. Failure to disclose this information on this application will not affect participation in this program.

EARLY CHILDHOOD PROGRAMS OPERATING IN A PRIVATE RESIDENCE MUST HAVE THE FOLLOWING COMPLETED:

List all other household members 12 years and older living in the home where care is provided.

* Signature indicates permission for the Department of Human Services to conduct check for name on the North Dakota Child Abuse and Neglect Index and departmental files and to share information with early childhood services staff and the applicant.

Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:
Name:	Date of Birth:	*Signature:

Download a fillable SFN832 form at <http://www.nd.gov/eforms/Doc/sfn00832.pdf>

Applicant Name:

I, the above-named, hereby make application to the North Dakota Department of Human Services for a license to provide Early Childhood Services as a ☐ Family ☐ Group ☐ Center ☐ Preschool ☐ School Age Program at:

Address of Program:

City:

State
ND

Telephone Number:

I wish to be licensed to provide care for up to _____ children (_____ before and _____ after school children) between the ages of _____ and _____ including applicant's own children under age 12, if in care at home/facility.

In making this application, I **state that**:

- a. I have received and read the Early Childhood Services Rules and Regulations (Minimum Standards) for ☐ Family ☐ Group ☐ Center ☐ Preschool ☐ School Age Program and will meet the standards in accordance with Chapter 50-11.1 of the North Dakota Century Code.
- b. I acknowledge that authorized agents of the North Dakota Department of Human Services may make any reasonable and necessary investigations of my application and the program I intend to operate. I realize that I am subject to reasonable inspection for purposes of determining continued conformity to the standards under which a license is issued.
- c. I understand that my application may be denied or my license revoked by the North Dakota Department of Human Services upon evidence of failure to comply with the standards for the provision of Early Childhood Services, subject to my right to appeal the decision.
- d. To the best of my knowledge and belief, all information I have given to the North Dakota Department of Human Services and/or its authorized agents in the application process is true and correct. Further, if I am granted a license by the North Dakota Department of Human Services, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
- e. I understand that any complaints which are received by the North Dakota Department of Human Services relating to my provision of early childhood services may be investigated by authorized agents of such North Dakota Department of Human Services.
- f. I am aware that any violation of the provision of Chapter 50-11.1, Early Childhood Services, is punishable as a Class B misdemeanor or as otherwise provided in Chapter 50-11.1, North Dakota Century Code.
- g. I further understand that the license I am applying for will expire on the date noted on the license and that it is my responsibility to reapply for another license prior to its expiration date.

Please list other counties (if any) you have lived in the last ten years:

Please list former addresses (if any) in the last ten years:

Please list other names (if any) you have gone by in the last ten years:

Please list other counties/states (if any) where you have provided child care in the last ten years:

I ASSURE THAT I HAVE NOT BEEN GUILTY OF A CRIME AGAINST CHILDREN OR BEEN CONVICTED OF A FELONY. IN THE EVENT THAT I AM FOUND GUILTY OF A CRIME AGAINST CHILDREN, BEEN CONVICTED OF A FELONY OR A CHILD ABUSE AND NEGLECT DECISION OF "SERVICES REQUIRED" HAS BEEN MADE, I WILL IMMEDIATELY NOTIFY MY EMPLOYER OR COUNTY SOCIAL SERVICE BOARD.

I assure that I ☐ **HAVE** ☐ **HAVE NOT** been found to have abused or neglected a child and I give the North Dakota

Department of Human Services permission to check for my name in the county child abuse and neglect files and the North Dakota Child Abuse and Neglect Information Index.

I FURTHER CONSENT THAT THE INFORMATION FOUND ON THE NORTH DAKOTA CHILD ABUSE AND NEGLECT INFORMATION INDEX CAN BE SHARED WITH EARLY CHILDHOOD SERVICES DEPARTMENTAL STAFF.

Signature of Applicant/Operator:

Date:



**AUTHORIZATION FOR CHILD ABUSE AND
NEGLECT BACKGROUND CHECK**
ND DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 508 (4-2012)

I. IDENTIFYING INFORMATION

Full Legal Name			Date of Birth
Address (Street & Apartment Number)	City	State	Zip Code
Mailing Address (If Different)	City	State	Zip Code
Facility Full Legal Name	Work Telephone Number	Home Telephone Number	

II. ASSURANCE

I CERTIFY THAT I HAVE NOT BEEN FOUND GUILTY OF A CRIME AGAINST CHILDREN OR BEEN CONVICTED OF A FELONY. IN THE EVENT THAT I AM FOUND GUILTY OF A CRIME AGAINST CHILDREN, BEEN CONVICTED OF A FELONY OR A CHILD ABUSE AND NEGLECT DECISION OF "SERVICE REQUIRED" HAS BEEN MADE, I WILL IMMEDIATELY NOTIFY MY EMPLOYER OR COUNTY SOCIAL SERVICE BOARD.

III. AUTHORIZATION FOR RELEASE OF INFORMATION (IN-STATE)

- A. I give the North Dakota Department of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the North Dakota Child Abuse and Neglect Information Index for a period not to exceed one year.
- B. I further consent that any information found in the child abuse and neglect records can be shared with Early Childhood Services staff as well as the operator and director of the early childhood program or holder of self-declaration.

IV. AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the state or county agency that maintains records concerning child abuse or neglect in the states listed below to release to the North Dakota Department of Human Services all information contained in those records related to the undersigned.

List States Where You Have Lived in the Past Ten Years

Social Security Number

V. FORMER ADDRESSES/NAMES

Please List Any Former Address(es) and County of Residence Where You Have Lived in the Past Ten Years

Please List Any Other Names You Have Gone by in the Past Ten Years

THIS IS A PUBLIC DOCUMENT AND MUST BE MADE AVAILABLE UPON REQUEST

VI. CERTIFICATION SIGNATURE

I Hereby Certify That The Above Information is True To The Best of My Knowledge:	Signature	Date
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The social security number is requested for the purpose of conducting a child abuse and neglect background check.

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided:

* Disclosure of the social security number for early childhood services operators is mandatory, pursuant to N.D.C.C. §43-50-02. Failure of an applicant to disclose his or her social security number may result in a denial of application for license.

* Disclosure of a staff member or household members social security number is voluntary. Failure of a staff member to disclose this information may affect the individuals ability to be employed by an early childhood services program. Failure of a household member to disclose this information may result in a denial of license, self-declaration, or registration application.

Provide a copy of the form to CSSB, HSC, and Provider.

Download a fillable SFN508 form at <http://www.nd.gov/eforms/doc/sfn00508.pdf>



**PERSONAL AUTHORIZATION FOR CRIMINAL
HISTORY BACKGROUND CHECK INQUIRY**
ND DEPT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-CBCU
SFN 838 (3-2012)

Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
dhsfscbc@nd.gov
FAX: 701-328-3538

ATTENTION APPLICANT

Should you, as a prospective: adoptive parent; early childhood services licensee, document holder, staff member or household member; provider for foster care facility, foster home care, kinship care or relative care; LCPA employee; or legal guardian of children, are age 18 or older and **choose to initiate a criminal history background check** through the NDDHS, Children & Family Services Division, Criminal Background Check Unit (CBCU), please review the following information and complete as directed.

The SFN 838 <http://www.nd.gov/eforms/Doc/sfn00838.pdf> and the SFN 377 <http://www.nd.gov/3forms/Doc/sfn00377.pdf> are available as fill-able, printable e-forms and are the only forms accepted by the CBCU to initiate a criminal history background check. To eliminate the issue of illegible forms, applicants are encouraged to complete all forms by using either the fill-able, printable e-forms option (preferred method); or to complete applicant forms by typing or printing information.

Required information: **SFN 838**, and if applicable, a self-disclosure statement signed/dated by you, the applicant, which includes name of state(s); date(s) and explanation of incident(s) of any arrests(s), conviction(s), confinement, and/or dismissal(s) in any state, city, federal, tribal court or military process. In addition, if you, the applicant, have been the subject of child abuse/neglect report(s), you must provide an explanation of incident(s) which includes name of state(s), and date(s) of incident(s); **SFN 377**, and either (a): **LiveScan fingerprint submission** (preferred method) conducted by a trained Scanner Operator from any of the (8) Regional Human Service Centers; law enforcement personnel or other BCI-trained official; or (b) **(2) inked fingerprint cards**. If applicant chooses to have inked fingerprint cards rolled by law enforcement personnel or other BCI-trained official, agency contact must provide applicant with (2) program-specific blank fingerprint cards/envelope (supplied by CBCU) to bring to their fingerprinting appointment. Applicant information on fingerprint cards must be completed in black ink only. Marker/highlighter cannot be used on the fingerprint cards. To prevent instances of applicants tampering with completed inked fingerprint cards, officials rolling fingerprints will seal applicants inked fingerprint cards within envelope and affix their agency stamp or official signature to envelope/envelope flap before handing over to applicant. Applicant must return the **sealed** envelope to agency contact for submission to CBCU.

NOTE TO APPLICANT/AGENCY CONTACT

- Review each section of forms for legibility and accuracy in completion to prevent a delay in processing of criminal history background check. **Please Note: All applicant forms will be returned unprocessed by CBCU to the initiating agency/agency contact for required action if:** 1) applicant, as applicable, has self-disclosed arrest(s), conviction(s), confinement, and/or dismissal(s) in any state, city, federal, tribal court or military process or indicates they have been the subject of child abuse/neglect reports(s) but fails to provide complete information (including name of state(s); date(s) and explanation of incident(s); 2) date applicant signs forms and the date their forms are received in the CBCU is greater than 10 working days; or 3) any section of the SFN 838 and/or the SFN 377 is illegible; incomplete; or contains information inconsistent with data listed on fingerprint cards.
- **Processing Fees:** NDDHS pays all criminal background check related applicant fees for Early Childhood Services Programs, Foster Care (and related programs), Guardianship, or LCPA Employees. However, each prospective adoptive parent is required to submit a check/money order in the amount of \$44.50 payable to the NDDHS when requesting a fingerprint-based criminal background check or a \$15.00 per applicant fee when requesting a ND (BCI only) criminal records search. **Please note:** the ND (BCI only) records search is considered a sufficient applicant criminal records search only when used in conjunction with an adoption study update or an international adoption. When applicable, additional incidental fees may apply for out of state Child Protective Service Index searches and/or any drivers record checks.

YOUR RIGHTS AND RESPONSIBILITIES

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of the social security number is voluntary and is requested for the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed foster parent; to be employed in a foster care facility; to become an appointed legal guardian of children; to be employed in a licensed child placing agency; to be approved for adoption; to become a licensed childcare provider, a holder of a self declaration or in-home registration document or to be a staff member in early childhood services program.

I understand that as a person who is subject to a criminal history background check, I am entitled to: (a) obtain a copy of any criminal background check report from the Bureau of Criminal Investigation (BCI) or the Federal Bureau of Investigation (FBI) by following their record request procedures; (b) obtain a copy of the child abuse & neglect index registry check report; (c) challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); and (d) obtain a prompt resolution before a final determination is made by the authorized agency.

For the Foster Care or Early Childhood Services Programs, this application and the results of the criminal background check are a public document and must be made available upon request. Information may be redacted pursuant to state and federal statute and rule.

Download a fillable SFN838 form at <http://www.nd.gov/eforms/doc/sfn00838.pdf>

As A Prospective Provider for Foster Care Facility, Foster Home Care, Kinship/Relative Care

Facility Staff: I understand that a foster care facility/agency, as a qualified entity, shall request a criminal history background check pursuant to NDCC Ch. 50-11 and 50-11.3. I understand that prior to the completion of the criminal history background check, the foster care facility may choose to deny me unsupervised access to a person to whom the foster care facility provides care. I further understand the foster care facility may choose to deny employment if I provide false or misleading information or intentionally withhold information regarding my criminal history.

I understand that completion of the SFN 838 "Personal Authorization for Criminal History Background Check Inquiry" is a required step to gain employment at a foster care facility for children pursuant to NDCC Ch. 50-11.

Foster Parent, Kinship or Relative Care Provider and Adults Residing in Caregiving Home: I understand that an agency, as a qualified entity conducting a home assessment for a foster care home, shall request a criminal history background check pursuant to NDCC Ch. 50-11 and 50-11.3.

I understand that completion of the SFN 838 "Personal Authorization for Criminal History Background Check Inquiry" is a required step for licensure as a foster care home for children pursuant to NDCC Ch. 50-11. A foster care license may be revoked or denied in accordance with NDCC Ch. 50-11 if issued upon false, misleading material information, or you intentionally withhold material information.

As A Prospective Legal Guardian of Children

I understand that an agency conducting a home assessment for prospective legal guardianship of a child shall request a criminal history background check pursuant to NDCC Ch. 50-11.3. I further understand that before I can be appointed as legal guardian to children pursuant to NDCC 27-20, I am subject to an assessment pursuant to NDCC 50-11.3-01.

I understand that completion of the SFN 838 "Personal Authorization for Criminal History Background Check Inquiry" is a required step in the application for guardianship of children pursuant to NDCC Ch. 50-11.

As A Prospective LCPA Employee

I understand that a Licensed Child Placing Agency, as a qualified entity in relation to foster care and adoption programs, shall request a criminal history background check pursuant to NDAC 75-03-36-12. I further understand that prior to the completion of the criminal history background check, the LCPA shall choose to deny me unsupervised contact with clients.

I understand that completion of the SFN 838 "Personal Authorization for Criminal History Background Check Inquiry" is a required step to gain employment in a LCPA. I further understand that pursuant to NDAC 75-03-36-13 (4), the department may deny a request for criminal background check for any individual who provides false or misleading information about the individual's criminal history.

As A Prospective Adoptive Parent

I understand that a licensed child-placing agency, as a qualified entity, shall request a criminal history background check pursuant to NDCC Chapter 50-12. I further understand that prior to the completion of the criminal history background check, the qualified entity may choose to deny me unsupervised access to a person to whom the qualified entity provides care.

I understand that completion of the SFN 838 "Personal Authorization for Criminal History Background Check Inquiry" is a required step in the pre-placement adoptive home study report. I further understand that pursuant to NDAC 75-03-36-13(4), the department may deny a request for a criminal background check for any individual who provides false or misleading information about the individuals criminal history.

As A Prospective Early Childhood Services Licensee, Self-Declaration Provider, Registered In-Home Provider, Household Member (adult over age 18 residing in home where child care is provided) or Staff Member

Staff Member: I understand that the Department of Human Services may request a criminal history background check pursuant to NDCC 50-11.1. I further understand that prior to the completion of the criminal history background check, the early childhood services program may deny me unsupervised access to any child/children for whom the program provides care.

I understand that completion of the SFN 838 "Personal Authorization For Criminal History Background Check Inquiry" is a required step to gain employment in an early childhood services program pursuant to NDCC 50-11.1.

Prospective Early Childhood Services Licensee, Self Declaration Provider, Registered In-Home Provider, or Household Member (adult over age 18 residing home where child care is provided): I understand that the Department of Human Services may request a criminal history background check pursuant to NDCC 50-11.1.

I understand that completion of the SFN 838 "Personal Authorization For Criminal History Background Check Inquiry" is a required step for licensure as an early childhood services provider, as a self-declaration provider, registered in-home provider or household member pursuant to NDCC 50.11.1. I further understand that an application may be denied pursuant to 50-11.1-04. Application for license - Prerequisites for issuance - License granted - Term. 1. c.



**PERSONAL AUTHORIZATION FOR CRIMINAL
HISTORY BACKGROUND CHECK INQUIRY**
ND DEPT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-CBCU
SFN 838 (3-2012)

Applicant's Photo ID Check: (must be verified
by Scanner Operator or Official rolling prints)

ID Used:	<input type="checkbox"/> Driver's License or State ID
	<input type="checkbox"/> Passport
	<input type="checkbox"/> Tribal or Military ID

Legal Authority: NDCC 50-11 (Foster Care Services), NDCC 50-11.1 (Early Childhood Services), NDCC 50-11.3-01 (Legal Guardian of a Child), NDCC 50-12 (Adoption), NDAC 75-03-36-12 (LCPA) all provide for a fingerprint based criminal history background check.

REQUIRED INFORMATION TO BE COMPLETED BY AGENCY

Agency means a county social service agency conducting a licensing study for foster care or early childhood services or otherwise requesting a criminal records check in order to place a child; a private licensed child placing agency or a foster care or residential treatment facility.

Attention: When selecting program type below (Adoption; ECS, Foster Care Related Program or LCPA Employee),

check **ONLY ONE** box per SFN 838 Authorization

Adoption <input type="checkbox"/> Special Needs Adoption <input type="checkbox"/> Domestic Adoption <input type="checkbox"/> International Adoption	Early Childhood Services (ECS) <input type="checkbox"/> Self Declaration/In Home Registered <input type="checkbox"/> Family <input type="checkbox"/> Group <input type="checkbox"/> Center <input type="checkbox"/> Preschool <input type="checkbox"/> School Aged	Foster Care Related Program <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Guardianship <input type="checkbox"/> RCCF <input type="checkbox"/> PRTF <input type="checkbox"/> Group Home <input type="checkbox"/> Volunteer	LCPA Employee <input type="checkbox"/> New (hired after 4/1/10)
Agency:		Contact Person:	Email Address of Contact Person:
Address:		City:	State:
		ZIP Code:	Telephone Number:

This section must be completed by all ECS Applicants:

Full Legal Name of ECS Program:	Please check one: <input type="checkbox"/> Owner/Operator of an ECS Program <input type="checkbox"/> Staff Member of an ECS Program <input type="checkbox"/> Emergency Designee for Self Declaration/In Home Registered
---------------------------------	---

REQUIRED INFORMATION TO BE COMPLETED BY APPLICANT OR ADULT RESIDING IN CAREGIVING HOME

Full Legal Name	LAST Name:	FIRST Name:	MIDDLE Name:	Social Security Number: *	Telephone Number:
Birth Name	LAST Name:	FIRST Name:	MIDDLE Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Other Married (LAST Name(s)):		Nicknames:		Aliases:	
Current Address:		City:	County:	State:	ZIP Code:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE BOX FOR EACH SET OF STATEMENTS:

- ☐ I have OR ☐ I have not resided in North Dakota at all times in the past five years
- ☐ I have never been the subject of any child abuse/neglect reports in any state; OR
☐ I have been the subject of a child abuse/neglect report(s). I understand that I must provide the name of the state(s), date(s) and complete description of the incident(s) or my paperwork will be returned, *unprocessed*, to agency contact listed above.
- ☐ I have never been arrested or convicted of any crimes in any state, city, federal, tribal court or military process; OR
☐ I have been arrested or convicted of a crime(s) in any of the courts or processes named above. I understand that I must provide a complete description of my crime(s); including date(s) and city/county/state(s), along with details surrounding my arrest(s); conviction(s), confinement(s) and/or dismissal(s) or my paperwork will be returned, *unprocessed*, to agency contact listed above.

I give the North Dakota Department of Human Services permission to:

(1) use my fingerprints and the information on this form as a means of searching for my name on the National Crime Information Database; (2) search for my name on the North Dakota Child Abuse/Neglect Index or any state's Child Abuse/Neglect Central Registry or through any tribal court or Indian child welfare agency; (3) search for my name on the North Dakota or any state's sex offender or offender against children registry; (4) request any supplemental documentation about me related to any offense revealed through the course of this criminal background records check; (5) share any relevant information derived from any source with any authorized child welfare agency or early childhood services program indicated above.

I understand that an application may be denied if it contains false or misleading material information or if I intentionally withheld material information. Furthermore, I understand that:

Based on NDCC 12.1-11-02. False Statements.

- (2) A person is guilty of a class A misdemeanor if, in a governmental matter, he:
- Makes a false written statement, when the statement is material and he does not believe it to be true;
 - Intentionally creates a false impression in a written application for a pecuniary or other benefit, by omitting information necessary to prevent a material statement therein from being misleading;

I certify that all information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions.

Signature of Applicant: _____ Date: _____
SFN 838 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 838 to fulfill this requirement)

Fingerprint ID Number (PCN)
For Scanner Operator Use Only:

* See Page 4, Your Rights and Responsibilities

Use this space to expand the explanations or information related to questions from page 3

I certify that all the information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions.

Signature of Applicant: _____ Date: _____
SFN 838 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 838 to fulfill this requirement)

*** YOUR RIGHTS AND RESPONSIBILITIES**

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of the social security number is voluntary and is requested for the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed foster parent; for employment at a foster care facility; for employment at a licensed child placing agency; to become an appointed legal guardian of children, to be approved for adoption; to become a licensed childcare provider, a holder of a self declaration or in-home registration document or to become a staff member with an early childhood services program.

DISTRIBUTION OF SFN 838

If Electronic Fingerprint Submission:

Scanner Operator: Scan SFN 838 (pages 3 and 4 only), submit to DHS
Criminal Background Check Unit via Group EMail Address - dhscfscbc@nd.gov

If Inked Fingerprint Submission:

Two Signed Copies to DHS Criminal Background Check Unit

Mail to: Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250



**CRIMINAL HISTORY BACKGROUND CHECK ADDRESS
DISCLOSURE/RELEASE OF INFORMATION**
ND DEPT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-CBCU
SFN 377 (5-2011)

Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
dhscfscbc@nd.gov
FAX: 701-328-3538

Criminal history background checks are required for individuals pursuant to NDCC 50-11 (Foster Care Homes & Facilities), NDCC 50-11.1 (Early Childhood Services Programs), NDCC 50-11.3-01 (Prospective Legal Guardian of a Child) and NDCC 50-12 (Prospective Adoptive Parent). Applicants must complete the SFN 377 (Criminal History Background Check Address Disclosure/Release of Information) and provide all addresses for the past 5 years (from date SFN 377 is signed). Applicants who have lived outside the State of North Dakota during that 5 year timeframe must disclose every address at which they resided. Adults in the caregivers home/facility must also complete the SFN 377 as they are also subject to the aforementioned criminal history background checks. Address/locations provided will be used to conduct Child Abuse/Neglect Registry checks.

APPLICANT IDENTIFYING INFORMATION

Full Legal Name of Applicant/Employee:		
Birth Name, Maiden Name, Aliases, Nicknames, or Other Married Names:		<input type="checkbox"/> Check box if there are no additional names to include
Date of Birth:	Social Security Number: *	Telephone Number:

ADDRESSES FOR THE PAST (5) YEARS FROM DATE APPLICATION SIGNED (LIST CURRENT ADDRESS FIRST):

Current Address	From: (Month, Day, Year)	To: Present Date (Month, Day, Year)
Street:	Apartment Number:	
City:	State:	

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

To provide additional address information, continue on page 2

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's Child Abuse/Neglect Central Registry or through any tribal court or Indian child welfare agency.

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's sex offender or offender against children registry.

I give the North Dakota Department of Human Services permission to request any supplemental documentation about me, related to any offense revealed through the course of this criminal history background check and permission to share any relevant information derived from any source with any authorized child welfare agency or early childhood services program.

Signature of Applicant: _____ Date: _____
SFN 377 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 377 to fulfill this requirement)

* Your Rights and Responsibilities (see page 2)

Use this space to provide additional address information (continued from page 1)

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

From: (Month, Day, Year)	To: (Month, Day, Year)
Street:	Apartment Number:
City:	State:

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's Child Abuse/Neglect Central Index or through any tribal court or Indian child welfare agency.

I give the North Dakota Department of Human Services permission to search for my name on the North Dakota or any state's sex offender or offender against children registry.

I give the North Dakota Department of Human Services permission to request any supplemental documentation about me, related to any offense revealed through the course of this criminal history background check and permission to share any relevant information derived from any source with any authorized child welfare agency or early childhood services program.

Signature of Applicant: _____ Date: _____
SFN 377 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 377 to fulfill this requirement)

*** YOUR RIGHTS AND RESPONSIBILITIES**

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of the social security number is voluntary and is requested for the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed foster parent; to be employed in a foster care facility; to become an appointed legal guardian of children, to be approved for adoption; to become a licensed childcare provider, a holder of a self declaration or in-home registration document or to be a staff member in early childhood services program.

DISTRIBUTION OF SFN 377

If Electronic Fingerprint Submission:

Copy to DHS Group EMail Address - dhscfscbc@nd.gov
Copy to Agency Contact Person EMail Address

Follow-up by mailing original SFN 377 to DHS at:
Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250

If Ink-Rolled Fingerprint Submission:

One Signed Copy to DHS

Download a fillable SFN 377 form at <http://www.nd.gov/eforms/Doc/sfn00377.pdf>



COMPLIANCE CHECK LIST/GROUP CHILD CARE
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES/CFS
 SFN 1425 (Rev. 9-2013)

Full Legal Name of Program:		Date Orientation Completed with Authorized Agent (For new licenses only):	
Owner/Operator Full Legal Name:		Provider License Number:	License Expiration Date:
Address:		Date of Licensing Study:	
City:		EIN if available:	
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 ☐ N/A

75-03-09-04(2)

License displayed

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)(o)

Develop and ensure compliance with written policy of accountability when a normally unaccompanied child fails to arrive as expected at group child care.

☐ Yes ☐ No

75-03-09-08(1)(p)

Staff with current CPR certification/first aid training on duty at all times. Substitute staff are exempt. Parents are notified if a substitute who is not CPR/First Aid certified is sole care provider on duty.

☐ 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.

Download a fillable SFN 1425 form at <http://www.nd.gov/eforms/Doc/sfn01425.pdf>

III. STAFFING REQUIREMENTS

- | | | |
|---|---------------------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-09(1)(2)(a-g)(6) | Meets staffing requirements (see chart/ documentation). |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

- | | | | | |
|---|--|--|---|---------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-10(2)(a-h) | <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="width: 60%;">Qualified Child Care Supervisor's Name:</td> <td style="width: 40%;">Letter:</td> </tr> </table> | Qualified Child Care Supervisor's Name: | Letter: |
| Qualified Child Care Supervisor's Name: | Letter: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-10(4) | Licensed group supervisor has attended department-approved basic child care training during first 3 months of employment. | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09(27)
75-03-09-(28)
NDCC 50-11.1-06.2 | Has completed SFN 508, Authorization for Background Check | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-11(1) | Plan, supervise, and conduct daily activities. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-11(2) | Ensures that caregivers and children under age 18 shall have adult supervision at all times. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-11(3) | Develop and deliver orientation for new staff members, keep record of items covered. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|---|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-12(1) | Has immediate family member age 12 or older as staff member. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-12(4) | Staff member ensures safe care for children under supervision. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-12(5) | Certify completion of Department approved basic child care course within first 3 months, substitute staff and emergency designees exempt. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-12.1 | Volunteers providing care shall meet qualifications of staff member and receive orientation. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |

VII. REQUIREMENTS FOR FACILITY

- | | | |
|---|-------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(1) | Group home/facility is properly lighted. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-14(2)(b) | Minimum space is 2 feet between cots or cribs. Aisles are free of obstructions while in use. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(2)(c) | Another room is available for supervised play for those children unable to nap. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-14(2)(d) | Child in care between 8:00 p.m. and 6:00 a.m. shall have an individual sleeping place. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(3)(a) | Drinking water from approved source or from a source tested and approved by the State Health Department. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(3)(b) | Home/facility has hot/cold running water. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(3)(b) | Hot water is 120 degrees Fahrenheit or less (Tested Temp _____) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-14(4)(b) | Minimum one sink and one flush toilet per 15 children, excluding those not toilet trained. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|---|----------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-15(1) | Provider ensures all vehicles used to transport children are in safe operating condition. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-15(2) | Staffing requirements are met, safety precaution used, and provider has liability and medical insurance coverage. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

- | | | |
|--|----------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-16(1) | Establish and post emergency disaster plan. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-16(2) | Fire and emergency drills performed within guidelines of local fire department. |

X. FIRE INSPECTIONS

- | | | |
|---|----------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 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.

☐ 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

- | | | |
|--|-------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-23(1) | Has a written policy regarding discipline and interpreted to staff before working with children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|---|-------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-24(1)(b) (1-7) | Feeding requirements are complied with and reviewed. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-24(1)(c) (1-4) | Diapering requirements are complied with and reviewed. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-24(1)(d) (1-9) | Sleeping requirements are complied with and reviewed. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-24(2)(a-g) | Adequate night care arrangements. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

- | | | |
|---|-------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

- | | | |
|---|----------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 75-03-09-26 | Written plans to respond to illness and emergencies, parents are advised of plans. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(2) | Posting of emergency response procedures. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(3) | Availability of at least one working flashlight. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(4) | Approved first aid kit maintained kept in designated location, accessible to staff, and inaccessible to children. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(5) | Working telephone, immediately accessible to staff members, with emergency numbers conspicuously posted. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(7)(a) | Provider has secured and followed proper written instruction from a medical provider to administer prescribed medication. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-26(7)(b) | Medication properly stored/inaccessible to children, in a spill-proof container. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | |
|--|----------------|---------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 75-03-09-27(4) | Written policies on employment. |
|--|----------------|---------------------------------|

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	Staff Chart for Mixed Age Group	Staff
0 - 18 months	X .25 =	Up to 1.34	1
18 - 36 months	X .20 =	1.35 - 2.34	2
3 yrs old	X .14 =	2.35 - 3.34	3
4 yrs old	X .10 =		
5 yrs old	X .08 =		
6 -12 yrs old	X .05 =		
TOTAL		Total Staff Present	

SUMMARY OF LICENSING STUDY

ENCLOSURES	YES	NO	N/A
1. Application to be Licensed, (SFN 832)			
2. Copy of Fire Inspection Report			
3. Copy of Health/Sanitation Report			
4. Documentation Records for All Employees (SFN 343)			
6. Background Check Form (SFN 508) for all Staff/Volunteers			
7. Copy of Policies/Procedures			
8. Documentation to Verify Qualification of Staff			
9. Programming Schedule			
10. Floor Plan			

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) FullPart timeDrop-in	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON TELEPHONE NUMBER	AUTHORIZATION TO RELEASE CHILD ON FILE	IMMUNIZATION RECORD ON FILE EXCEPT SCHOOL	PARENT STATEMENT ON HEALTH OF CHILD	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

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	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON TELEPHONE NUMBER	AUTHORIZATION TO RELEASE CHILD ON FILE	IMMUNIZATION RECORD ON FILE EXCEPT SCHOOL	PARENT STATEMENT ON HEALTH OF CHILD
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Document Reason/Solution:	
Authorized Agent Recommends Denial : <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:	
Report of Abuse/Neglect: <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Agent Recommendation for Licensure: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete 5 lines listed below:	
If Yes, Log Number of Report:	County:	<input type="checkbox"/> New License <input type="checkbox"/> Fees Collected <input type="checkbox"/> Renewal <input type="checkbox"/> Fees Processed
Health/Sanitation Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	License Number:	
Fire Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Change License Type: From: _____ To: _____	
Submitted by Authorized Agent (Signature):		Maximum Number of Children:
Date Application Packet Complete:	Age Range of Children: From: _____ to: _____	Recommended License Effective Date: From: _____ through: _____

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: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain: _____	License Effective Date: From: _____ Through: _____
Date License Add/Delete Slip Transmitted to Bismarck:		Date Confirmation Received From Bismarck:	
Comments:			
Regional Office Signature:			Date:
Date Provisional License Request Reviewed with Central Office:		Provisional License Request: <input type="checkbox"/> Approved <input type="checkbox"/> 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)



CHILD CARE EVACUATION DISASTER PLAN
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD SERVICES
SFN 517 (3-2010)

Child Care Provider/Program Legal Name		License Number		Today's Date	
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address			

This document contains my relocation plan in the event that I am required to leave my child care address due to a natural disaster or catastrophic event.

FIRST CHOICE, WITHIN THE SAME COMMUNITY

Contact Name					
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)			

SECOND CHOICE, WITHIN THE SAME COMMUNITY

Contact Name					
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)			

OUTSIDE OF COMMUNITY

Contact Name					
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)			

Contact information for the person with whom I will be in touch in case of an emergency, and who the agency can contact if necessary (e.g., family member or friend, living outside of the immediate area):

Contact Name					
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	Additional Contact Information (E-Mail Address, etc.)			

I understand that there are critical items I am urged to take with me when we evacuate. These may include:

- Agency contact information (e.g. agency emergency contact number)
- Contact information for currently enrolled families

I understand that in the event that I must evacuate my child care, I am required to report my location to the licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll-free in-state), 701-328-3591, or e-mail my location to dhsdfs@nd.gov.

I understand that if any of the information included in this plan changes, I am to update the licensing agent or the North Dakota Department of Human Services within 14 days of the change.

Printed Name	
Authorized Signature	Date

Return form to your county licenser. Keep a copy in your files. A copy of this form will be shared with Child Care Resource and Referral to be used in emergency situations only.

Download a fillable SFN517 form at <http://www.nd.gov/eforms/Doc/sfn00517.pdf>



CHILD CARE TRAINING DOCUMENTATION

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 343 (Rev. 12-2013)

TO BE COMPLETED BY THE OPERATOR ONLY:

Name of Operator (Last Name, First and Middle Initial)		Telephone Number	
Address	City	State	ZIP Code
Name of Facility	License Number	Expiration Date	

TO BE COMPLETED BY STAFF MEMBER ONLY:

Name of Staff Member: (Last Name, First and Middle Initial)		
Position (Please check one) <input type="checkbox"/> Director <input type="checkbox"/> Supervisor <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____	Date Hired	Hours Hired per Week

TO BE COMPLETED BY OPERATOR OR STAFF MEMBER

Date Attended	Sponsored by	Title of Training	Subject/Competency Area	Trainer	Hours of Credit	County Use Only

Total Number of Approved Credit Hours	
Signature of Operator	Date
Signature of Staff Member	Date
Signature of Authorized Agent	Date

The authorized agent initials and signature indicates the training documentation for the above named individual was reviewed and is acceptable. No copies of training documentation required unless requested by the authorized agent or regional office.

Type of License	Position	Hours Worked Per Week	Required Minimum Training
Family	Provider	NA	9 hours annually
Group	Provider Supervisor Staff Member (Who Works)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	10 hours 10 hours 8 hours 6 hours 4 hours 2 hours
CENTER	Director Supervisor Staff Members (Who Work)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 13 hours 13 hours 11 hours 9 hours 7 hours
PRESCHOOL	All Staff/Volunteers	30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 11 hours 9 hours 7 hours
SCHOOL AGE	Director Supervisor Staff Members/Group Leaders (Who Works)	NA NA 30 - 40 hours per week 20 - 30 hours per week 10 - 20 hours per week Less than 10 hours per week	13 hours 13 hours 13 hours 11 hours 9 hours 7 hours

Download a fillable SFN16038 form at <http://www.nd.gov/eforms/Doc/sfn00343.pdf>



FAMILY/GROUP CHILD CARE FACILITY FIRE SAFETY CHECKLIST

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 115 (10-2012)

(Developed in conjunction with ND State Fire Marshal and Office of Intergovernmental Assistance based on NFPA 101 Life Safety Code)

Facility Name		Provider Name		
Address	City	State	ZIP Code	Date
1. Does the home have two means of escape from every occupied room?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does one of the means of escape lead to the outside? (The other means of escape may be a window that meets the state building code.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are doors to the outside at least 28 inches in clear width?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is each closet door openable from the inside?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is each bathroom door openable from the outside?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the fuel fired heating equipment, shielded or guarded to protect the children from harm? (Unvented fuel-fired heaters are prohibited.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are electrical outlets accessible to children under 6 years of age covered with special protective covers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Outlets and extension cords are not overloaded and extension cords are proper? (Extension cords must be UL labeled and restricted to minimal usage.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a plan to exit the home and are exit drills held monthly?				<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Smoke Detectors: Are smoke detectors provided in all sleeping areas used for child care and each level of the home?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the detectors tested at least monthly? (Recommend batteries be changed every 6 months.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Fire Extinguishers: (Extinguishers should have a minimum of a 1A:10BC rating, be checked monthly and serviced annually.) Does the home have an approved and properly maintained fire extinguisher on each level?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the fire extinguisher accessible?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is an operable flashlight provided?				<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are combustibles or flammables, i.e. paints and boxes, kept away from sources of ignition like the furnace and water heater?				<input type="checkbox"/> Yes <input type="checkbox"/> No
14. In homes with more than 12 children, is the basement separated by a door? (A door should also separate the second floor if it is used for sleeping.)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
15. Are all areas of the home/facility useable for child care? If no, identify the areas for a restricted license:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:				
Provider		Completed by (Fire Authority)		Date

DISTRIBUTION: ORIGINAL - Licensing Agency

COPY - Fire Inspector

COPY - Provider

Download a fillable SFN115 form at <http://www.nd.gov/eforms/Doc/sfn00115.pdf>



CHILD INFORMATION SHEET
ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 845 (12-2013)

Every Early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Human Services. All information requested herein is required and shall be kept confidential.

Child's Name	Date Child Enrolled	Preferred or Nickname of Child	Date of Birth
Mother's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work
Father's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work

EMERGENCY AUTHORIZATION

In case of an emergency and parents cannot be reached, who should be contacted?

Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Physician to Call in an Emergency			Clinic Telephone Number
Dentist to Call in an Emergency			Clinic Telephone Number

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature	Date	Parent Signature	Date
------------------	------	------------------	------

AUTHORIZATION TO RELEASE CHILD

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program. List below any others you wish to authorize for this purpose.

Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number

These people are NOT allowed to pick up my child.

Name	Relationship to Child
Name	Relationship to Child

For Operator Use Only:

The identification of this child has been verified. As proof of identification, the child's parent has produced: <input type="checkbox"/> Copy of Child's Birth Certificate <input type="checkbox"/> Child's Passport <input type="checkbox"/> Other _____	
Signature of Operator	

Download a fillable SFN845 form at <http://www.nd.gov/eforms/Doc/sfn00845.pdf>



PARENT'S STATEMENT ON HEALTH OF CHILD

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 847 (Rev. 11-2008)

INSTRUCTIONS: This form must be completed annually for any child enrolled in a licensed early childhood facility.

This form is completed by a parent or guardian of the child.

Full Legal Name of Child:		Birth Date:	Enrollment Date:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Dropin <input type="checkbox"/> B/A School	
Full Legal Name(s) of Parent or Guardian:				Relationship:	
Address:		City:	State:	ZIP Code:	
Home Telephone Number:	Work Telephone Number:	Family Dentist:			
Family Physician:		Clinic:	Telephone Number:		
Hospital:			Telephone Number:		
Last Visit to Doctor:		Child's Height:	Child's Weight:		
Does The Child Have Any food, medication or environmental allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, List Allergies:		Describe Allergy Reaction:		Usual Treatment:	
Please Check If Any Of The Following Conditions Exist: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Frequent Earaches <input type="checkbox"/> Other Conditions (please specify): _____ <input type="checkbox"/> Vision Impairment					
Please Explain All Checked Items:					
Is The Child Under Current Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Are There Any Medications That The Child Takes Daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Describe Any Limitation Your Child May Have For Participation In An Early Childhood Program:					
Is there a health care plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach					

INSURANCE:

Liability insurance is not a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.

CERTIFICATION:

I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:

Date

Download a fillable SFN847 form at <http://www.nd.gov/eforms/Doc/sfn00847.pdf>



CERTIFICATE OF IMMUNIZATION
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 16038 (Revised 07-2010)

Division of Disease Control
2635 East Main Ave. PO Box 5520
Bismarck, ND 58506-5520
800.472.2180 or 701.328.3386

North Dakota law requires this form be completed* and provided to the childcare facility or school.

Child's Name (Last, First, Middle Initial):			Date of Birth:				
Parent's Name:			Telephone Number:				
Vaccine Type		Exemption Check type below*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B	<input type="checkbox"/>					
Rotavirus	Rotavirus	<input type="checkbox"/>					
Hib	<i>Haemophilus influenzae</i> type B	<input type="checkbox"/>					
PCV	Pneumococcal conjugate	<input type="checkbox"/>					
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis	<input type="checkbox"/>					
OPV/IPV	Polio	<input type="checkbox"/>					
MMR	Measles-Mumps-Rubella	<input type="checkbox"/>					
Varicella	Chickenpox	<input type="checkbox"/>			History of Disease Date:		
Hepatitis A	Hepatitis A	<input type="checkbox"/>					
Td/Tdap	Tetanus-Diphtheria (and Pertussis)	<input type="checkbox"/>					
MCV4	Meningococcal	<input type="checkbox"/>					
HPV	Human Papillomavirus	<input type="checkbox"/>					
Other		<input type="checkbox"/>					

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health		Title	Date
If additional doses are added after initial signature, please initial dose and sign below.			
Update signature #1:			
Physician, Nurse, Local/State Health:		Title:	Date:
Update signature #2:			
Physician, Nurse, Local/State Health:		Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

Parent/Guardian Signature:

Date:

Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Physician Signature:

Date:

Exemption: (Indicate vaccine above)

(Please check one) ☐ Religious ☐ Philosophical ☐ Moral ☐ History of Disease

Parent/Guardian Signature

Date

* See back of form for assistance.

Original (white) – child care facility or school copy. **Copy (yellow)** – to be retained by parent/guardian.

Provider Instructions for Use of Certificate of Immunization

MINIMUM REQUIREMENTS¹

Children/students must be immunized age-appropriately according to the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention. (See below)

I. Childcare Facility Attendance: 2010 Requirements

Vaccine Type	Minimum Number of Doses Required Per Age						
	2-3 Months	4-5 Months	6-7 Months	8-11 Months	12-17 Months	18-24 Months	4-6 Years
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	1	2	3	3	4	4	5*
Hib[§] (<i>Haemophilus influenzae</i> type b)	1	2	2 or 3	2 or 3	3 or 4	3 or 4	3 or 4
IPV (Polio)	1	2	3	3	3	3	4 [†]
MMR (Measles-Mumps-Rubella)	0	0	0	0	1	1	2
Varicella[£] (Chickenpox)	0	0	0	0	1	1	2
PCV[¶] (Pneumococcal)	1	2	3	3	4	4	4
Rotavirus[#]	1	2	3 [*]	0	0	0	0
HAV (Hepatitis A)	0	0	0	0	1	2	0

* One dose of DTaP must have been given on or after the 4th birthday. Only 4 doses needed if last dose given on or after the 4th birthday.

§ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the Hib requirement. Depending on the vaccine brand the child may receive a series of three or four doses.

† One dose must have been given on or after the 4th birthday. The final dose in the series should be administered on or after the 4th birthday and at least six months following the previous dose. If four doses are administered prior to age 4 years, a fifth dose should be administered at age four through six years. Only three doses of IPV are required if the 3rd is given on or after the 4th birthday.

£ Children with a reliable history of chickenpox disease are exempt from the varicella requirement.

¶ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the PCV requirement.

Children who did not receive the first dose by 15 weeks of age can no longer receive this vaccine and are exempt from the Rotavirus requirement. Children ages eight months and older are exempt from the Rotavirus vaccination requirement.

* Rotavirus vaccine may be given as a two or three dose series depending on the brand of vaccine. The third dose of rotavirus vaccine may not be necessary depending on the brand of rotavirus vaccine given.

II. School Attendance (K-12 and College): 2010-2011 School Year Requirements

Vaccine Type	Minimum Number of Doses Required Per Grade		
	Kindergarten	Grades 1-6	Grades 7-12
DTaP/DTP/DT/Td*	5 or more	5 or more	5 or more
Hepatitis B	3	3	3 [£]
IPV/OPV[†]	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2 [§]	1 [#]	0
Meningococcal[¶]	0	1	1
Tdap[¶]	0	1	1

* One dose of DTaP must have been given on or after the 4th birthday. Only four doses are necessary if the 4th dose was administered on or after the 4th birthday. Three doses of Td required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age 10 or older not previously vaccinated.

£ Three doses of hepatitis B vaccine will be required for entrance into kindergarten, effective with the 2000-01 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., for the 2010-11 school year, three doses of hepatitis B vaccine are required of children attending kindergarten through tenth grade.

† In all IPV or all OPV schedule: One dose must have been given on or after the 4th birthday. The final dose in the series should be administered on or after the 4th birthday and at least six months following the previous dose. If four doses are administered prior to age four a 5th dose should be administered at age four through six years. Only three doses of IPV are required if the 3rd is given on or after the 4th birthday.

§ Two doses of chickenpox (varicella) vaccine given on or after the first birthday at least 3 months apart will be required for entrance into kindergarten, effective with the 2008-2009 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., for the 2010-11 school year, two doses of varicella vaccine are required for kindergarten through second grade. If a child has a history of chickenpox disease, the child is exempt from the vaccine requirement.

For the 2010-11 school year, one dose of chickenpox vaccine is required of children attending third grade through sixth grade. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

¶ Meningococcal vaccine is required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter. All children must have by seventh grade. Meningococcal vaccine is recommended for children ages 11 years and older.

¶ Tdap vaccine is required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter. All children must have by seventh grade. Tdap vaccine can only be administered to children age 10 or older who have not received tetanus-containing vaccine in the past 5 years.

¹ Physician or clinic may recommend additional doses.

Download a fillable SFN16038 form at

<http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/CertificateofImmunization.pdf>

Daily Schedule

Each provider must individualize the sample schedule

Welcome to our family child care home! Listed below is what your child will experience during a typical day. My philosophy is to provide a structured setting for children, so they know what to expect and feel secure. Within this structure, I allow for flexibility so that I can better meet the needs and interests of all the children.

MORNING ACTIVITIES

7:15 - 8:00	As children arrive, a variety of activities are available for them to do, such as table toys, blocks, books and story tapes. I rotate the toys every week for interest.
8:00 - 8:30	Clean up, prepare and eat breakfast, and clean up again! Each child has an opportunity to help with meal chores such as setting the table or pouring the milk.
8:30 - 9:45	Children have a choice of selecting an activity of their choice or joining in a group activity such as painting, water play or cooking.
9:45 - 10:00	Get ready to go outside: bathroom time, changing diapers, wash hands, etc.
10:00 - 11:00	Outdoor play that is a combination of free play on the swing set or sand box, and group activities such as walks in the neighborhood, a science project such as gardening or an outdoor art project.
11:00 - 1:30	Individual choice – dramatic play, blocks, board games.

LUNCH and REST

11:30 - 11:40	Clean up for lunch. Wash hands.
11:40 - 12:30	Family style lunch and conversation. Again, each child has an opportunity to help with chores. After lunch, everyone brushes teeth, uses the bathroom or diaper change, washes hands.
12:30 - 12:45	Story time. This is a time to slow down before rest time and enjoy a good book.
12:45 - 2:45	Everyone has a rest time. Preschool children who can't sleep rest quietly on their cots, looking at books for 30-40 minutes before they are allowed to get up and start a quiet activity.
2:45 - 3:00	Children wake up, put away cots, use the bathroom and wash hands.

AFTERNOON ACTIVITIES

3:00 - 3:20	Snack time.
3:20 - 4:30	Active outdoor play
4:30 - 5:30	Departure time. Children choose activities such as coloring, reading, table toys, etc., until their parents arrive. Events of the day and plans for the next day are discussed with children and parents as they leave.

Download an Daily Schedule Word document that you can customize
for your business at <http://www.ndchildcare.org/start/group>



Basic First Aid Kit

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

First aid supplies should be stored in a closed container, accessible to the child care provider at all times, but out of the reach of children. Using a fanny pack or backpack to carry the content of a first-aid kit may be helpful when playing outside, going on a walk or field trip, etc. The kit should be restocked after an item is used.

A basic first aid kit should contain the following items:

- ☐ Roll of gauze
- ☐ Sanitary feminine pad (to cover a bloody wound and stop bleeding)
- ☐ Tape
- ☐ Band-aids
- ☐ Cold pack
- ☐ Tissues
- ☐ Hand sanitizer
- ☐ Gloves
- ☐ Ace Wrap
- ☐ Arm Sling (large dish towel)
- ☐ Plastic grocery store bag– for bloody garbage
- ☐ Old gift card – to scrape out a bee/wasp stinger
- ☐ Bottle of water
- ☐ Two safety pins
- ☐ Scissors

Revised 9/14

*Child Care Aware® of North Dakota is a program of Lutheran Social Services in western North Dakota
and Lakes and Prairies Community Action Partnership in eastern North Dakota*

Polices for (Your Business Name)

Yellow highlighted items are requirements of the North Dakota rules for child care licensing and must be addressed in your policies. Each program should individualize the language.

Provider Information

Child Care Philosophy

Insert your philosophy

Mission Statement

Describe the mission of your child care program, what your program has to offer and list your desired outcomes.

My Qualifications

List your work experience, skills, educational background, or accomplishments.

My References

Supply references (with permission from clients) parents are able to contact and ask about your work with children:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Licensing and Liability Insurance

- I am licensed and operate a *(type of license)* child care facility in compliance with the laws of the state of North Dakota.

A copy of my license is on display to meet the licensing requirements for the state of North Dakota. **(Display License)**

- My licensor's name is _____ and you may contact [her / him] at _____.
- I **[do / do not]** carry business liability insurance for my child care business.

I Am a Mandated Reporter **(Suspected Abuse/Neglect Policy)**

- I am a mandated by North Dakota Century Code 50-25.1-03 to report any suspected cases of physical or sexual abuse or neglect.
- To report a suspected case of child abuse or neglect, you can call _____ *(name of agency)* at this number: _____.

Employees/Substitute Caregivers **(Hiring Policy)**

(Include the statements that are appropriate for your program.)

- Occasionally I may need to hire a substitute child care provider because of:
 - an appointment
 - training
 - an emergency
 - other: _____
- Substitute provider information is given to my licensor and a background check is completed. This employee will have the following responsibilities: _____
- I have a permanent employee who works with the children on a daily basis. A background check has been completed and s/he meets all state licensing regulations. This person has the following child care responsibilities: _____.
- I will not employ anyone convicted of a direct bearing offense listed in ND Admin. Code 75-03-08-27(1)(a) *for Family Providers*/ND Admin. Code 75-03-09-27(1)(a) *for Group Providers*.

My Privacy Policy

- I will do all I can to protect your family's privacy and will abide by the state privacy law. I will keep all records and information about your child and your family private and confidential, unless I have your written permission to reveal specific information. I also ask that you respect the privacy of my family by not sharing any information you learn

about my family without my written permission.

I Do Not Discriminate

- I do not discriminate based on race, color, sex, disability, national origin, sexual orientation, or public assistance status.

Children with Special Needs

- I have [experience/skills/training] in caring for children with the following special needs: (list)
- All children with diagnosed special health care needs are required by licensing to have a current care plan signed by a parent/guardian. This care plan must be updated at least yearly. ** For best practice, it is recommended to have the care plan signed by the child's health care provider as well as a parent.
- Emergency medication and/or equipment specified in the care plan is recommended to be at my program at all times and when the child is taken off site during child care hours.

The Rules of My Facility

The provider shall provide parents with unlimited access and opportunities to observe their children at any time their children are in care. If for some safety reasons you find the doors are locked, please knock, ring the bell or call us.

Insert guidelines that are important for families/children to follow for your program, such as:

- Please remove your shoes when you enter my home or before walking on the carpet.
- Areas of the home that are off limits to the child care children.
- Where clients may park during drop-off and pick-up times.
- Where children's personal items will be stored.

Our Partnership Agreement

- We will work together to ensure that each child has the opportunity to develop to their full potential.
- We will communicate regularly about the child's physical, emotional, social, and intellectual growth. Upon request, parents will be provided progress reports on their children.
- You will keep me informed about any change in the child's schedule, routine, or home environment. I will do the same for any changes in the child care business that affect the child.
- You will provide any information about the child that will allow me to provide high-quality care, such as an I.E.P. (Individual Educational Plan) or other plans or assessments.
- I will ask you to complete an annual evaluation of my child care program.
- You agree to follow the policies of my child care program.

My Records for Your Child

- I will keep the following records for your child; you are responsible for updating these records immediately when any of this information changes. All records, photographs, and information maintained will be kept confidential.
 - **Child Information Sheet (SFN 845)**
 - **Parent's Statement of health of child (SFN 847)**
 - **Verification the child has received all immunizations appropriate for the child's age**
 - **Verification of the identity of the child**
 - **Infant Sleep Form (if child is under 12 months of age)**

Backup Child Care

- You will be responsible for finding backup child care if I must close my business or I am unable to care for your child. This may include, but is not limited to, the following reasons:
 - I take vacation.
 - I take a sick day.
 - I take a personal day.
 - There is an emergency in my family (death, serious illness, accident, etc.).
 - I must close my business due to bad weather or other emergency.

- Your child is ill.
- You must make your own arrangements for backup child care.
- I can refer you to the local Child Care Aware® of ND agency as a resource for finding backup child care.

Supplies for Your Child

- I will ask you to provide the following items. Please label them with the child's name. (examples)
 - plastic sealable bags (for soiled clothing) * I am required to send home soiled clothing in a sealed plastic bag
 - sunscreen (for infants 6 months and older)
 - insect repellent (for infants 2 months and older)
 - disposable diapers
 - baby wipes
 - baby bottles with covers
 - two pacifiers (if your child uses one)
 - extra clothing

Flexible Spending Accounts

- I will participate in the dependent care plan that is offered by your employer. You must provide me with the required forms and instructions and keep me informed about the deadlines required by your plan.
- If you haven't spent all the money that you have set aside under the dependent care plan by the end of the plan year, you could donate the unspent money to my program. Legally, the funds cannot be used as a credit to child fees for the coming year. Rather than lose those funds this would help improve the quality of care in your child's program.

Bad Weather Closings

- You are required to notify me as soon as possible if your place of employment is closing early or will be closed for the day due to inclement weather.
- You are required to notify me as soon as possible if you will not be bringing your child to my program due to inclement weather.
- I will notify you as soon as possible if my program will be closed because of inclement weather.

Grievance Procedure (Grievance Policy)

If you have any concerns or complaints about my program, please discuss them with me as soon as possible. If you have a serious complaint that you feel that I am not addressing, you may contact my licensor, _____, at _____ (insert licensor's name and phone number).

Parents, guardians, or custodians of each child receiving child care must be notified of the process for reporting a complaint or suspected licensing violation. Employees must also know the process for reporting a complaint or suspected licensing violation. Upon request, the provider shall make available to the parent, guardian or custodian of children receiving care a list of names, telephone numbers, and addresses of the parents or guardians of children for whom early childhood services are provided. Permission to disclose that information must be granted by the parent, guardian or custodian of the children.

Correction Orders

Within three business days of the receipt of the correction order, the licensee of the early childhood facility shall notify the parent, guardian, or custodian of each child receiving care at the facility that a correction order has been issued. In addition to providing notice to the parent, guardian or custodian of each child, the licensee shall post the correction order in a conspicuous location within the facility until the violation has been corrected or five days, whichever is longer.

Accountability Procedures (Accountability Policy)

When your child does not arrive at expected time:

- You are required to notify me by _____ (insert time frame) if your child will be coming for the day.
- If your child does not arrive as expected, I will attempt to call you.
- If no answer, I will attempt to contact your emergency contacts.
- If no answer, I will contact the police department.

Activities/Curriculum

Daily activities include individual and small group activities appropriate to the ages and needs of the children. Intervals of stimulation and relaxation and a balance of active and quiet play are part of the program design. Children also enjoy indoor and outdoor activities. A variety of educational experiences with an adequate supply of safe equipment and materials for all ages are offered.

- I will conduct the following activities with the children: *(List examples your daily schedule will reflect)*
 - literacy and language development activities
 - art activities
 - health, safety, or nutrition projects
 - puzzles, games, or eye-hand coordination activities
 - active physical play
 - gross motor activities
 - free play
 - field trips
 - block play
 - music and movement
 - sand and water play
 - individual quiet activities
 - dramatic play
- I use the following curriculum program:
- The typical daily schedule in my program is: *(Insert a list of times of day and activities.)*
 - Parents may request written/verbal daily reports **(Daily Reports Policy)**

Birthday and Holiday Celebrations

My program uses the following guidelines for celebrating birthdays and holidays: *(list)*

Clothing

- You must provide an extra set of clothing for your child at my home that is appropriate for the season and the size of the child. Please label with your child's name.
- If a child is being toilet-trained, please provide several sets of clothing each day and a sealable plastic bag for soiled clothes.
- Please send your child in shoes safe for active play (tennis shoes, rubber soled, etc.)

Food and Nutrition

- I **do/do not** participate in a Child and Adult Care Food Program; you will be asked to sign a form and supply your information for the food program sponsor.
- My program includes the following meal schedule: *(select what your program offers and the times they are served)*
- At mealtimes, I will offer the food to the children but will not require them to eat it. I will inform you if I notice any change in your child's eating habits.
- Infant's bottles are never propped nor are children left unattended during the eating process.
- Infants will be fed on demand unless you provide written orders from a health care provider stating otherwise.
- If your child has an allergy to any food or beverage, a care plan must be completed. All caregivers will be made aware of the allergy.
- Copies of my menus are posted (location).

Naps and Quiet Time

- There is a daily nap or rest period for children according to the child's age, needs and parent's wishes. If your child is not sleeping, alternative activities will be provided.
- At naptime, each child will have clean and separate bedding.
- You may bring a special blanket or other security item for naptime. For infants under 12 months old, licensing requires written parental permission to use one thin blanket, sleep sack, pacifier, or security object.
- Infants under the age of 12 months will be laid flat on their back for sleep in a safety approved crib or playpen, to

Sample Policies - Page 4 of 8

reduce the chance of Sudden Infant Death Syndrome (SIDS). If you wish me to place your infant in an alternate sleep position, or in another device/equipment for sleep, you must provide a written order from a health care provider stating the medical reason and time frame to follow the order as well as provide me with written parental permission. I will consult an attorney to discuss your request. I reserve the right to refuse enrolling your infant if I do not feel comfortable following the order.

Outdoor Play

- All children will be taken outside on a daily basis if the temperature is between 0 degrees F (wind chill or temp) and below 90 degrees F (heat index). I require a written order from a health care provider if you do not want your child to go outside.

Learning to Use the Toilet

- I will help a child learn to use the toilet once you and I agree that the child is physically ready. It is important to follow a consistent routine both at home and in my program.

Toys

- Children [may / may not] bring toys, books, etc. from home. *(list)*

Behavior Guidance **(Guidance and Discipline Policy)**

- Discipline must be constructive or educational in nature and may include: diversion, separation from the problem, talking with the child about the situation, praising appropriate behavior, or gentle physical restraint, such as holding. A child must not be subjected to physical harm, fear, or humiliation.
- Separation, when used as discipline, must be appropriate to the child's development and circumstances. The child must be in a safe, lighted, well-ventilated room within sight or hearing range of a staff member responsible for caring for or teaching children. A staff member may not isolate a child in a locked room or closet.

III Child Policy

- If you do not comply with my illness policy, I may terminate our contract.
- I will not care for an ill school-age child who would not be allowed to attend class under the school health guidelines.
- If your child becomes ill during the day I will: _____ *(describe the steps you will take)*
- Since this is my business, I have the right to override any note from a physician authorizing re-admittance to child care if I feel it is necessary.
- You must notify me before _____ *(time)* if your child will not be attending my program due to illness.
- Children who have the following may not attend my program: child cannot participate comfortably in care, illness results in greater need of care than I can provide, and specific illnesses *(list)*. *Contact your local Child Care Aware agency for a list of recommended exclusion guidelines or visit www.ndchildcare.org*
- If your child becomes ill and I am unable to reach you, I will then try to contact another person authorized to pick up the child.

Injuries and Accidents Policy **(Death, Serious Accident or Illness Requiring Hospitalization Policy)**

- Parents will be informed in writing of any first aid administered to their child within twenty-four hours of the incident, and will be immediately notified of any injury that requires emergency care beyond first aid. A copy of the report will be added to the child's record.
- The death of a child at the facility or a child involved in a serious accident or illness requiring hospitalization while in the care of the facility or attributable to the care received in the facility must be reported within 24 hours to the county social services director.

Administering Medication

For licensing, it is only required for me to obtain written parental permission to give prescription and over-the-counter medication. In order to reduce the likelihood of a parent lawsuit, it is recommended for me to do the following: obtain written permission and instruction for giving over-the-counter and prescription medication from a health care provider and the child's parent; follow safe practices; and have liability insurance. The label of the prescription medication can serve as the written permission and instructions from the health care provider.

- All prescribed medication should be kept in the original container labeled by a pharmacist with the following information:
 - a) the child's first and last names (the name of the child on the medication and the child receiving the medication MUST be the same)
 - b) the date the prescription was filled (must be a current date)
 - c) the name of the health care provider who wrote the prescription
 - d) the medication's expiration date (never give expired medication)
 - e) the manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal
 - f) the name and the strength of the medication
- I require that all over-the-counter medications must be kept in the original container as sold by the manufacturer, labeled with the child's name by the parent, and given according to the manufacturer's label. I will not give expired medication.
- I require written parental authorization yearly to administer non-prescription products to children such as sunscreen lotions, insect repellents, diapering products, etc.
- I will document all medication that I dispense to the children in my files.
- I require that all medication be given to me instead of leaving the medication in a diaper bag or child's backpack.

Immunizations

You are required to keep your child current with all immunizations. Each time your child is immunized please notify me so that I can update my record of your child's immunizations in my files. According to North Dakota law, child care programs cannot refuse to provide care to unimmunized children who are otherwise eligible if they present a valid exemption from immunization requirements; therefore, there may be unimmunized children in my program. If you do not choose to immunize your child, you are required to provide me with a valid document of exemption. It is recommended for me to discuss with an attorney the liability risk for enrolling a child whose parents refuse to immunize. I am required to exclude an unimmunized child from my program in the event of an outbreak of a vaccine preventable disease for the unimmunized child's protection.

Emergency Information

- I keep a list of emergency numbers near my phone. You must provide me with the names and phone numbers of at least one other person to call if I cannot reach you in an emergency.
- To reduce the risk of fire, I follow the fire safety rules and state laws regarding smoke detectors and fire extinguishers.
- I teach the children that if there is ever a fire in the house, they should _____.
- In case of a power outage, I keep a first aid kit, flashlights, and extra blankets accessible.
- If you leave work early, go to another location for the day, or vary your normal routine, please let me know how I can contact you that day.
- If your child is involved in a serious or life-threatening emergency, I will call 911 and get immediate medical care, and then I will call you as soon as possible.
- If your child is involved in an emergency that is not serious or life-threatening, I will call you as soon as possible. I will document all injuries. You will be required to sign the form and will be given a copy.
- My emergency plan includes:
 - a designated emergency back-up person. (add specific information, name, program)
 - a posted fire escape plan
 - an emergency meeting place away from the home
 - fire drills as required by state law
 - an emergency plan for a [tornado / blizzard / flash flood]
 - an emergency plan for a missing or abducted child
 - an emergency plan for transporting the children
 - an emergency plan for utilities and maintenance (gas leaks, power failure, loss of water, phone, heat or air conditioning)
 - a general emergency plan to respond to accidents
 - a backup caregiver who can care for the children in case I have a personal emergency
 - an emergency plan for chemical spills
 - an emergency plan for a lock-out

Pets

- I [do / do not] have pets.
- I have the following pets:
 - Indoor: _____
 - Outdoor: _____
- My pets [are / are not] confined during child care hours.
- My pets have received all required immunizations.

Water Hazards

- There is/is not swimming/wading pool at my child care facility.
- I must have your written permission before I will allow your child to use the swimming/wading pool.

Smoking, Drinking, and Drugs

- My home is a smoke-free environment. No one is permitted to smoke in my home, either during or after child care hours.
- State law does not allow smoking in my home or within 20 feet of my home/building.
- Neither I nor my employees use alcohol or drugs during working hours.

Transporting Children **(Transportation Policy)**

- I will/will not transport children in my vehicle.
- I will transport the children in my vehicle only with your written permission. My reasons for transporting the children may include, but are not limited to: *(examples)*
 - field trips, the library, the park, the beach or swimming pool
 - transporting school-age children to and from school or a bus stop
 - transporting children in the event of an emergency
- You must leave an age appropriate child passenger safety seat with me to use when I transport your child. The seat should be labeled with child's name, parents' names, and emergency contact numbers.
- When I transport children, I will secure them in age appropriate child passenger safety seats as required by state law and carry required automobile insurance.
- I will not leave children unattended in a vehicle.

Field Trips and Specific Field Trip Permission Forms

- I do not offer field trips and will not transport your child.
- I do offer field trips and will need written permission to transport your child. When I transport the children, I will secure them in age appropriate child restraints as required by state law and carry required automobile insurance.
- We may walk or drive when we take field trips.
- If someone else's vehicle will be used to transport the children, I will make sure that the driver has a current driver's license, will secure children in age appropriate child restraints as required by state law, and carry required automobile insurance.
- On every field trip I will carry a first aid kit, pictures of the children, and emergency contact numbers for parents of all the children. I also have a field trip emergency plan.

Persons Authorized to Pick Up and Drop off Your Child

- You have authorized the people listed on your Child Information Sheet to pick up your child from my program.
- Unfamiliar people on that list will be asked for a photo ID before I can release your child/children to them.
- You will notify me immediately of any changes in the name, address, or phone numbers of the people who are authorized to remove a child from my care.
- I reserve the right to remove anyone from the authorized pickup list for any reason.
- If there is a court order (such as a divorce settlement or restraining order) that limits the rights of one of the child's biological parents, you must give me a copy of that court order.
- You must call and notify me in advance by _____ *(insert deadline)* if your child will be dropped off earlier/later than the scheduled drop-off time or picked up earlier/later than the scheduled pickup time, whether by you or anyone else.

- I require that you notify me if your child is not attending my child care program for the day. If you do not contact me, I will call you after 30 minutes past your child's usual time of arrival.

Pickup and Drop-off Policy

- My first responsibility is protecting the health and safety of the children in my care. When you drop off and pick up your child I need to make sure that the child is being transported safely. Transporting a child under the influence of alcohol or drugs or failing to use a required child restraint creates an unsafe situation.
- You must comply with state law regarding appropriate child restraints when transporting your child to and from my program.
- I may terminate our contract immediately if you fail to transport your child in a required restraint or are driving under the influence of alcohol or drugs.
- If in my opinion you cannot safely transport a child from my home at pickup time, I will ask you not to take the child and will propose the alternatives listed below.
 - I will call one of the people authorized to pick up the child and ask that person to transport the child.
 - I will call a cab to pick up you and your child and you will be responsible for paying the cab fare.
 - If you have failed to bring a required restraint for the child, I will ask you to drive home without the child and return with the required restraint installed in the car.
- If you refuse to agree to an acceptable alternative and insist on taking the child, I will immediately call the police and report the unsafe situation.
- You are required to accompany your child(ren) into and out of my home/facility. You are responsible for your child when you are at my home/facility. You are required to verbally communicate with me upon arrival and departure to ensure an opportunity to exchange information about your child.
- I require that parents remove their infant from their car seat as well as any outerwear when they arrive.
- You are responsible for placing your own child in their car seat and securing the car seat safety straps unless I am transporting them.

Transporting School-age Children

- School-age children are not allowed to leave my program unsupervised; they must be picked up by a parent or other authorized person.
- School-age children are allowed to leave my program unsupervised with permission from the parent/guardian.
- If your child/children will be arriving at the program unaccompanied by a parent (walking from school) and fail to arrive at the expected time, I will notify you by phone so you can locate the child. If I am unable to locate either parent/guardian I will contact the emergency contact person provided by you. If all efforts fail to find a responsible party, I will notify the police. **(Accountability Policy)**

*****Please refer to www.ndchildcare.org for sample forms**

- **Infant Sleep Permission Form**
- **Medication Authorization Forms**
- **Field Trip Permission Form**
- **Water Activity Permission Form**
- **Health Care Plans**

Download a Sample Policy Word document that you can customize
for your business at <http://www.ndchildcare.org/start/group>

Sample Contract Language

The purpose of this agreement is to make both parties aware they are entering a serious agreement, remind both parties of their obligations and spell out the consequences if the terms are broken. This agreement will be reviewed yearly. You should give a notice (length of time) of any proposed changes. Not every family and provider is a good match. The relationship should begin with a trial period at which time both parties evaluate if this is a good match.

Provider: _____

Address: _____ Home Phone: _____

Work phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____

Work phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____

Work phone: _____ Cell Phone: _____ E-mail: _____

Child(ren)

1. Name of child: _____ Date of birth: _____

2. Name of child: _____ Date of birth: _____

3. Name of child: _____ Date of birth: _____

4. Name of child: _____ Date of birth: _____

Tailor the items below to best fit your program. If you are not offering the service delete the item.

Hours of Operation

1. First Day of Care

The first day of care will be _____. (date)

2. Regular Hours of Care

The **child care hours for the child covered by this contract will be** from _____ [AM / PM] to _____ [AM / PM], days of the week. Late drop-offs do not allow for late pick-ups.

3. Other Business Hours (Include only if you wish to extend services beyond those listed in #2 above)

- The provider may extend care in the following circumstances: (examples)

Terms of Payment

Child Care Rates and Fees

1. Regular Rate (Rate information is available from your local Child Care Aware® of ND office.)

- The fee will be \$ _____ per month.
- The fee will be \$ _____ every two weeks.
- The fee will be \$ _____ per week.
- The fee will be \$ _____ per hour.
- If the client is receiving subsidy payments from a government agency, the client is responsible for paying the full amount of the fees under this contract if the government agency does not pay the provider for any reason.

2. Drop-in Rate

- The provider does/does not provide drop-in care.
- The fee for drop-in care is \$ _____ per [day / hour].
- The client [will / will not] be responsible for paying the normal rate during summer vacation, school vacations, school snow days, school bad-weather closings, and school early dismissal days.

3. Family Discounts

- There is no discount for two or more children from the same family.
- There is a discount for two or more children from the same family. That rate is: _____

4. Rate Increases

- The weekly rate will go up \$/% _____ each year on _____

5. Advance Payment

- The client will pay for child care one week in advance. Fees are due on _____ each week for the next week of care.

6. Payment Due Date

- Fees are due on _____ (date/time)

7. Late Payment Fees

(It is the responsibility of the program to check with the Child Care Assistance Program to determine if reimbursement is allowable for late payment fees. Judges are unlikely to award late fees that they consider to be excessive. State laws prevent you from charging excessive interest on debt.)

- If the child care fee is not paid when due, a late payment fee of \$ _____ per day will be added to the past due amount until it is paid.
- The fee for an insufficient funds check will be \$ _____, plus the amount of any bank charges to the provider's account.

8. Early Drop-off and Late Pickup Fees

(It is the responsibility of the program to check with the Child Care Assistance Program to determine if reimbursement is allowable for early drop-off or late pick-up fees.)

- The client will pay an additional fee of \$ _____ per _____ if the child is dropped off earlier or picked up later than the time stipulated in this contract.
- All fees for early drop-off and late pickup are due at the end of that day of care.

9. Allowance/Grace Period

- The client will be allowed to pick up the child later than the scheduled time _____ times per year. After that, there will be a fee of \$ _____ per minute when the child is picked up late.

10. Advance Notice *(Offer only if this will fit into your schedule.)*

- If the client notifies the provider of an early drop-off /late pick-up by _____, there will be no additional fees. However, I may start charging if you overuse this privilege.

Holidays, Vacations, and Absences

1. Holidays *(List those that meet your client/provider needs)*

- The child care program will be closed on the following days each year:
- The client does/does not have to pay for holidays listed above.

2. Provider Sick/Personal Days

- The client [will / will not] pay for the [sick / personal] days taken by the provider.
- The client is responsible for arranging backup care for the provider's [sick / personal] days.
- The provider may take up to _____ days each calendar year as [paid / unpaid] professional development days.

3. Provider Maternity Leave

- The provider will not be available for child care while on [maternity / paternity] leave; there will be no fee to clients during that time.
- The provider will not be available for child care while on [maternity / paternity] leave; clients will pay a flat fee of _____ per [week / month] during that time. If the provider chooses not to reopen the child care program after the [maternity / paternity] leave, [she / he] will refund the [maternity / paternity] fees that the client paid during that leave.

4. Provider Vacations

- The provider will take _____ [days / week(s)] of vacation per calendar year.
- The client will/will not pay the regular fee for the provider's vacation days.

5. Client Vacations

- The client may take up to _____ unpaid vacation days from the program.
- The client may not carry over vacation time from one child care year to another.

6. Child Sick Days and Absences

- The client must notify the provider before the scheduled starting time whenever a child will not be coming to care due to illness or any other reason. If the client does not provide advance notice, the client will pay for the missed day(s) of care regardless of any other terms in this contract. Failure to comply with the program's illness policies may result in the termination of this contract.
- The client does not have to pay for _____ days per year when the child can not come to care because of illness. Unpaid sick days apply [to each child separately / to the family as a whole]. *(Consider how families with multiple children could impact you financially.)*
- Payment for a long-term illness may be negotiated with the provider.

Holding Fees

- The provider agrees to hold a space in the program until _____ *(insert date)* for the client's child. The client agrees to pay the provider \$ _____ per week during the holding period. Payment is due _____ (weekly, bi-weekly, monthly). If the client decides not to enroll the child before the end of the holding period, the holding fee will not be refundable. The holding fee can/can not be applied to care once the child is enrolled.
- If the provider is able to fill the child care space on a temporary basis during the holding period, the provider will reduce the holding fee by the amount paid for the temporary child care.
- If a client is laid off from work, loses a job, or becomes seriously ill and decides to temporarily remove the child from care, the provider will/will not charge the client to hold the child's space for _____ weeks. At that point, the agreement will be renegotiated.

Other Fees

(It is the responsibility of the program to check with the Child Care Assistance Program to determine if reimbursement is allowable the below fees.)

1. Registration Fees

- The client will/will not pay a registration fee of \$ _____ upon signing the contract.

2. Field Trip Fees

- There will/will not be an extra fee for field trips. The provider will notify the client of the fee for each trip at least one week in advance.

3. Fees for Extra Services and Food

- The client will pay \$ _____ for curriculum fees.
- The client will pay a \$ _____ food fee per [day / week / meal]. *(Keep in mind you can not charge for any food that is reimbursed by a USDA Food Program.)*

4. Charges for Damage by the Child

- If the client's child breaks or damages the provider's property over \$ _____, the client will pay to have the

item replaced or repaired.

Trial Period (separate form)

Advance Payment for Last Two Weeks of Care

- The client must pay \$ _____ at the time of signing the contract; this deposit will cover the client's last two weeks of care.
- Clients receiving a government subsidy for child care must pay their _____% of the last two weeks of child care. If the subsidy program does not pay its share for the last two weeks of care, the client is also responsible for paying the remaining amount.

Termination after the Trial Period

- The client must give a two-week written notice to end this contract. Payment is due for the notice period whether or not the child is brought to the provider for care during that time.
- The client has termination rights also and may do so if they feel the safety of their child is in jeopardy at the program.
- The provider may terminate this contract at will. *(For example threats or accusations from parent, a sudden serious illness, or disruptive parents.)*
- The provider reserves the right to immediately terminate this contract without notice if the client does not make each payment in full when due.

The Signatures of the Parties to the Contract

- By signing this contract, clients indicate that they have also read the provider's contract and policies and agree to follow them.
- Failure to enforce one of more of the terms of this contract does not waive the provider's right to enforce any other terms of this contract.

_____	_____
Parent or legal guardian's signature	Date of signature

_____	_____
Parent or legal guardian's signature	Date of signature

_____	_____
Co-signer's signature	Date of signature

A co-signer is required if the client is under the age of 18. The co-signer guarantees the contract and agrees to be responsible for all its financial terms if the client fails to pay the provider.

_____	_____
Provider's signature	Date of signature

(Use the second provider signature line provided below if you have a business partnership with another provider.)

_____	_____
Provider's signature	Date of signature



Infant Sleep Permission Form

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

The American Academy of Pediatrics recommends keeping soft objects and loose bedding (including blankets) out of the crib/playpen to reduce the risk of SIDS, suffocation, entrapment, and strangulation for infants under the age of 12 months. The AAP recommends the use of pacifiers for sleep. Studies have reported a protective effect of pacifiers on the incidence of SIDS. The pacifier is not recommended to be attached to the infant's clothing or to a stuffed animal/toy. The pacifier should be checked for tears before each use.

Effective January 1, 2013, ND Child Care Licensing Regulations state:

With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep.

Parent/Guardian Authorization

I have read the information on this form and give _____
Print Name or Provider/Program

permission to use the following checked item(s) when my infant _____
is sleeping or preparing to sleep: *Print Infant's Name*

- ☐ One infant blanket (a thin blanket is recommended)
- If infant is being swaddled, the blanket should not come any higher than to the shoulders of the infant; blanket needs to be loose enough for a hand to fit between the blanket and the infant's chest; blanket should be kept loose around infant's hips.
 - Swaddling should be discontinued once the infant shows signs of rolling over or reaches 2 months of age.
- ☐ Sleep sack
- Swaddle sleep sacks (with arm panels) can be used until the infant shows signs of rolling over or reaches 2 months of age. Once the infant shows signs of rolling over or reaches 2 months of age, sleeveless sleep sacks should be used.
- ☐ Pacifier
- ☐ Security item (specify item) _____

Name of Parent/Guardian (please print) _____

Parent/guardian Signature _____ Date: _____

**** It is recommended to place a copy of this form in the infant's file as well as post near the infant's crib/playpen (out of infant's reach) for providers/staff to reference.**

Sources:

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, 3rd Edition, 2011

ND Child Care Licensing Regulations

Technical Report -SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment", AAP, Pediatrics 2011

Policy Statement – SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment", AAP, Pediatrics 2011

AAP News, June 2013

Revised 10/13