

SOUTHWEST HEALTH AND HUMAN SERVICES CHILD CARE LICENSING PROCESS

Fcc 012 12 25

I. Complete and Return to Agency:

- _____ A. Application for Family Child Care
- _____ B. Fact Sheet
- _____ C. View Mandatory Orientation Videos on the Southwest Health and Human Services website (swmhhs.com). Print the form on the final slide of the second video to document the date you viewed the videos.

II. The Licensing Agency will:

- A. Process your application and open a temporary file
- B. Request that you complete a background study data collection form for each person age 13 and older living/working in the home/daycare
- C. Request a Fire Marshal inspection when required. Payment for a fire marshal inspection must be paid with a \$50.00 money order made out to the State Fire Marshal. Please check with your licenser if you have any of the following:
 - _____ 1. Attached Garage if there are holes, windows, glass between the house and garage, or if there is not a solid-core door between the garage and house
 - _____ 2. Apartment/Duplex (multiple dwelling)
 - _____ 3. Care in Basement (used for childcare)
 - _____ 4. Mobile Home
 - _____ 5. Free standing solid fuel heating appliance (wood, corn, stoves, etc.)
 - _____ 6. Windows that may not meet standards
 - _____ 7. Group family license class

III. Home visit will be scheduled to interview applicant and to inspect the home to be used for childcare. Please call when you have completed most of the following:

_____ A. Have Completed:

- _____ 1. \$ 50.00 agency license processing fee (checks made out to SWHHS)
- _____ 2. Floor and Escape Plan
- _____ 3. Documentation that your crib/playpen is not on a recall list
- _____ 4. Physician's Statement (all adult caregivers)
- _____ 5. Pet Shot Records (rabies)
- _____ 6. Verification of Pediatric CPR and Pediatric First Aid training
- _____ 7. Verification of Sudden Unexplained Infant Death Syndrome (SUID) and Abusive Head Trauma (AHT) training
- _____ 8. Verification of 6 hours of Supervising for Safety for Family Child Care training
- _____ 9. Verification of 4 hours of Child Development and Behavior Guidance training (Developmentally Appropriate Behavior Guidance)
- _____ 10. Three personal references
- _____ 11. NetStudy background studies

_____ B. **Have in Place:**

- _____ 1. First Aid Kit
- _____ 2. Bodily fluid bag w/disposable gloves and eye protection
- _____ 3. Battery operated flashlight and radio
- _____ 4. Gates (if applicable)
- _____ 5. Hot water temperature (120 degrees or lower)
- _____ 6. Fridge temperature (40 degrees or lower)
- _____ 7. Smoke detectors
- _____ 8. Carbon monoxide detectors
- _____ 9. Fire extinguisher (minimum 2A:10BC)
- _____ 10. Well water test results, contact Licensor if use well water

_____ C. **Provider Policy/Plans:**

- _____ 1. Provider policy, include the required items (sample copies included in your packet)
- _____ 2. Grievance Procedure for your families
- _____ 3. Chemical Use Policy for you and any employees
- _____ 4. Child Care Emergency Preparedness Plan

VI. **REQUIREMENT LIST**

- _____ A. Licensor will provide a written list of requirements to be completed following the home visit.
- _____ B. Second home visit may be scheduled for a “recheck” of requirements.

VII. **LICENSE**

- A. Application is sent to the Department of Children, Youth and Families (DCYF), within 20 working days after **ALL** requirements are completed, for approval.
- B. License will be sent to the provider by DCYF.

Additional forms and licensing information can be found at the DCYF website

[Family Child Care Licensing | Minnesota Department of Children, Youth, and Families](https://dcyf.mn.gov/family-child-care-licensing)

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